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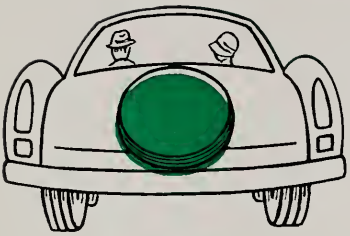
SEPTEMBER, 1962 VOL. 46, NO. 1

District Program Issue

Insurance

—is the best policy!







In recent years, considerable attention has been focused on personal security and the individual's freedom from fears of the unpleasant possibilities of anxiety, loss, and danger. There's nothing really "new" about duplicate dentures except the increased interest dentists report in their patients' interest in protection against the period of embarrassment that results from broken or damaged restorations. Of course, spare tires, extra pairs of glasses, etc., are things patients just don't do without . . . Today, more and more denture wearers are prospects for this additional denture service. You can do your patients a great service by suggesting "spares" . . . They can be made from the same impression quickly, easily, and inexpensively. Make it a point to discuss this with every one that comes into your office.

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THE JOURNAL
of
The North Carolina Dental Society

(A Constituent of the American Dental Association)

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1962-1963

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VOLUME 46 NUMBER 1

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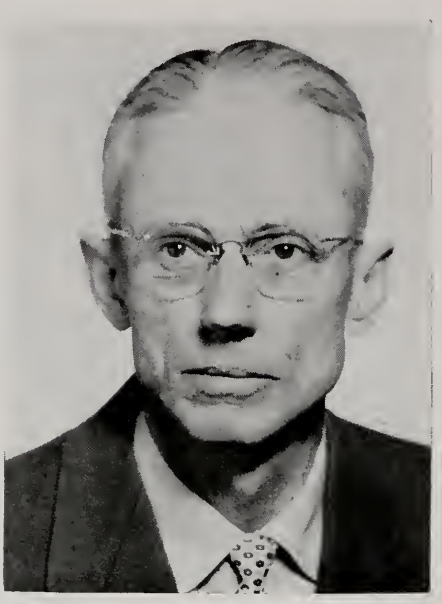
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This Issue Is Dedicated to the Memory of



RICHARD FREDERICK HUNT, D.D.S., F.A.C.D., F.I.C.D.
Rocky Mount, North Carolina
1901 - 1962

Born September 17, 1901 in Nash County, North Carolina . . . Graduated from Emory University School of Dentistry, 1924 . . . Was a member of Delta Sigma and Omicron Kappa Upsilon.

During his 38 years in the practice of dentistry he served his state and national organizations as . . . President of the Fifth District Dental Society, 1938 . . . Secretary-Treasurer of the North Carolina Dental Society, 1947-1950 . . . President of the North Carolina Dental Society, 1951-1952 when he sponsored and led a movement responsible for the fluoridation of water in many communities in the state . . . President of the Dental Foundation of North Carolina, 1961 . . . Guest lecturer to the Senior Class of the UNC School of Dentistry since 1955 . . . Member of the Council on Dental Trade and Laboratory Relations of the American Dental Association . . . Delegate to the American Dental Association House of Delegates . . . Fellow in the International College of Dentists and the American College of Dentists.

Recognized as an outstanding dentist, a successful businessman, and an enthusiastic civic leader, he was a man of much influence and many friends.



The President's Page

AS WE LOOK into the year ahead, again let me express my appreciation for the high honor I have in serving as your President.

The previous administrations have been forward-looking and productive and I am grateful that this year's officers, committee units and members are endeavoring to be just as dedicated in our ever continuing task to fulfill our obligations to all the people of the state, and to our membership.

We cannot hope to see all our plans realized this year but our hands will not be idle. We must continue our interest in local and national legislation and keep the public and ourselves informed. We must keep abreast of the changing socio-economic developments going on around us and stay ahead in our thinking. The dental needs of the growing population, the indigent, and the aged all require careful planning in our critical manpower programs for the future.

We would like to see Frank Alford, our candidate for Second Vice President of the A.D.A., successfully carried into office. His experience and background can be most valuable to us on the national horizon.

This year we hope to see our goal for the Research Center reached and our Dental Laboratory Technicians School actually open for classes in Durham. We want to increase our efforts in Dental Health Education, Fluoridation, Mouth Guard Programs, Recruitment, Children's Dental Health Activities, Science Fairs and Career Programs. We hope to have several Oral Cancer Detection Courses for dentists sponsored by the State Board of Health and the U.N.C. Dental School. We hope to study our various insurance plans and our School Health Coordinating Program for better understanding and coverage.

The Executive Committee will try to follow the recommendations of the House of Delegates in all of these things, but we will need your help.

As you look into the year ahead, you will see there are many things

which require your individual action. You will have to contact the prospective new members at the local and district levels if we are to continue to grow. You will have to assist the State Board of Dental Examiners in their difficult task of upholding the Dental Law. You will have to do most of the recruiting of young men and women into the various careers of dentistry. If we are to have a Research Center at Chapel Hill, you will have to contribute to it, and when we need letters to legislators, you will have to write them.

To meet our obligations on all of these issues and still keep our basic thinking straight, is no small task, and it will take the best efforts of each one of us.

EDGAR D. BAKER, D.D.S.



The President-Elect Speaks

IT GIVES me great pleasure to greet you through the medium of our JOURNAL. You have bestowed another honor on me when you elected me as your President-Elect. It is my desire to discharge properly the trust which you have placed in me, and to serve you to the best of my ability. This will be an experience never to be erased from my memory. I am confident you share with me the desire to have the best year ever in the history of the Society, even though we have experienced outstanding ones in the past.

As we grow in numbers we grow in strength. Last year fifty-two new members were added to our membership. We are members of a profession and I feel the need for each of us to serve that profession as "Ambassadors of Good Will" for dentistry within the community. This can be done as we move about within our respective communities and participate in activities of community service beyond dentistry itself.

It will soon be time for the district and national meetings. I encourage each member of the Society to make an agreement with himself that he will attend his district and national meetings this year. The most outstanding scientific lectures and demonstrations are arranged for your benefit.

If you haven't already marked the convention dates from your schedule, please do. Remember, plenty of time is left at these meetings for fun, fellowship and recreation.

Complete program information of all districts will be found in this issue. It is through the combined efforts of many over a space of 106 years in our state that dentistry is on the move among the laity, and recognized as a great force in national well-being. We should be appreciative and count our blessings that dentistry did not just suddenly happen.

S. BYRON TOWLER, D.D.S

Modern Age

The supreme task of our age is not to make things easy, but man nobler
—B. G. Kher, "The Pageant of Life."

Study Club Activities in North Carolina

BARRY G. MILLER, D.D.S., Chairman
Statewide Study Club Committee

VACATIONS TAKE PRECEDENCE OVER INTELLECTUAL PURSUITS

The Study Club's trip to Washington, D. C., gave way to the beaches, the mountains, taxes, and the National Guard. Reservations for the trip to the Bureau of Standards and Walter Reed Army Hospital were so few in number that the package arrangements for the trip were prohibitive for those who held high their curiosity.

It was my privilege to be in Washington very recently and have conversations with Colonel Timke at Walter Reed Army Hospital and with Doctor Dickerson at the Bureau of Standards. They are most hopeful that we might visit with them some time in the future. What do some of you busy men think of the possibility of a visit with these wonderful people either immediately before or immediately following the Washington Meeting next Spring?

Piedmont Dental Study Club. May 31 program was held at Dr. Luther Butler's office in Greensboro and dinner was enjoyed at the S & W Cafeteria. Program: Review and Discussion of tapes made of the clinical presentation at the meeting of the American Association of Endodontists. The group voted to develop a group clinical program on Endodontics. June 29 program was held at Dr. Kimball Griffin's home for dinner. Program was provided by Dr. Galen Quinn at his office. Full mouth X-rays and Cephalometric X-rays, along with diagnostic casts on all the study club members (10). Each case was evaluated from an orthodontic point of view. This was the second meeting involving this project. The first was in April at which casts and X-rays were made.

Greensboro-High Point — Word comes from Bill Campbell that Bert Brannan (I suppose Bert represents the knowledgeable ups and downs of the stock market) William L. Saunders, J. Baxter Caldwell and himself have formed a study club for their continued interests in dental understanding. Every success to them and congratulations on this mutual effort.

Orthodontic Triangle Study Club. Saunders Moore was host to the club at the Officers Club at Fort Bragg for the meeting of June 18. Program consisted of discussions on new techniques which were presented by each member. Election of Officers was held and those elected for the coming year are: Martin Barringer, President; Leonard Cashion, Vice President; and Fay Culbreath, Secretary-Treasurer. The next meeting will be held in Chapel Hill at the School of Dentistry on August 6.

The Intellect

An intellectual is someone whose brain is so large that the left lobe does not know what the right lobe is thinking about—Revilo P. Oliver, "American Opinion."

Macrodontia: A Case Report

Cecil R. Lupton, D.D.S. and
Clifton E. Crandell, D.D.S., M.S., M.Ed.

Katherine Fullerton Gerould, famous American author, once said, "The only glory most of us have to hope for is the glory of being normal."

One of the most interesting features of the dental profession is the wide range of normality that is seen in a given population of patients. Differences in patients serve to provide an ever changing (and therefore intriguing) body of clinical material. Many of these patients will exhibit physical characteristics sufficiently far removed from "average" to warrant special consideration. On rare occasions, an oral finding will be so unusual as to be of interest to fellow practitioners. This is a report of such a case. It concerns a maxillary left cuspid that may be the largest ever seen.

Case Report

A 37-year-old Negro male, on a complaint of toothache, was observed to have several teeth that were markedly carious. Other findings, such as tenderness to percussion, tended to substantiate the first impression that extraction was the treatment of choice. Of the several teeth for which the prognosis was very poor, the maxillary left cuspid seemed to be the worst offender, both from objective and subjective points of view.

Roentgenograms were made of several teeth. Initially, adequate projections were obtained for all areas roentgenographed except for the upper left cuspid. The cuspid root appeared to be elongated and its image extended beyond the border of the film. Realizing that such mistakes in taking upper cuspid films are not uncommon,[1] it was assumed that the vertical angle of the projection was incorrect, and a second film was made. The second film was better but still inadequate. A third film of the cuspid was made at a very steep vertical angle, but all of the tooth still was not shown on the film. It was now apparent



Figure 1



Figure 2

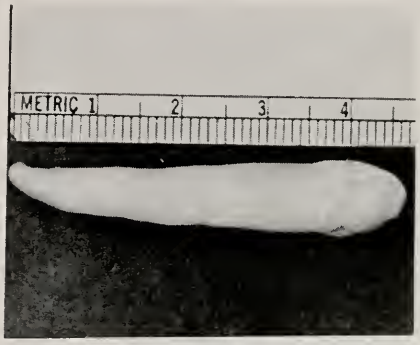


Figure 3

that the tooth had an exceptionally long root. The fourth film was made at such an angle as to foreshorten the image. This projection was successful in showing all of the root (see figure 1). The extreme length of the tooth was now appreciated (compare it to the bicuspid in the same film). In addition, a slight hook at the end of the root was seen, which was expected to further complicate its removal.

By taking indicated precautions, the tooth was removed without incident. The extracted tooth was roentgenographed by parallel projection on an occlusal film (see figure 2).

Discussion and Review of the Literature

G. V. Black's Tables are referred to as the authority on the size of teeth. The Table below lists Black's measurements for the Maxillary Cuspid Tooth, as shown in Wheel-

Table of Measurements of the Maxillary Cuspid
(in mm)

	Length overall	Length of crown	Length of root	Mesio-distal diameter of crown	Mesio-distal diameter of neck	Labio-lingual diameter
Average	26.5	9.5	17.3	7.6	5.2	8.0
Greatest	32.0	12.0	20.5	9.0	6.0	9.0
Least	20.0	8.0	11.0	7.0	4.0	7.0
Specimen	47.0	12.3	34.7	8.7	6.5	9.1

er's textbook.[2] The bottom line presents similar measurements of the specimen being reported.

The over-all length of the tooth is seen to be 47.0 millimeters, only 3.8 millimeters less than two inches, and 15.0 millimeters greater than the largest measurement given in Black's Tables. (see figure 3)

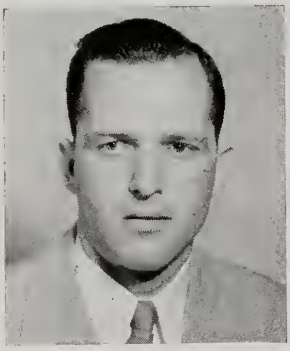
It is also noted that a disproportinate relationship exists between the root length and the crown length. If the crown length were proportional to the root length, the over-all length of this tooth would be 55 millimeters.

Summary

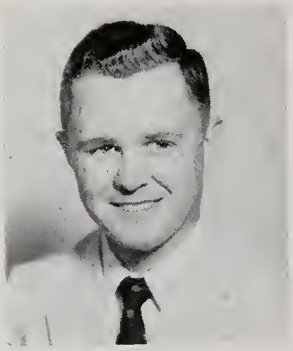
A case report of macrodontia of a maxillary left cuspid tooth is presented. It may be the largest human tooth ever reported. This case illustrates the importance of making adequate roentgenograms before extracting teeth.

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1. Crandell, C. E.: Cause and Frequency of Intraoral X-Ray Errors by Dental and Hygiene Students, J. Dent. Educ. 12-185-196, 1958.
2. Wheeler, R. C.: A Textbook of Dental Anatomy and Physiology, ed. 3, Philadelphia, W. B. Saunders Company, 1958, p. 395.



DR. LUPTON



DR. CRANDELL

About the Authors

Cecil R. Lupton, D.D.S., is a 1954 graduate of the UNC School of Dentistry. He is currently Assistant Professor of Oral Surgery at his Alma Mater.

Clifton E. Crandell, D.D.S., was graduated from the Medical College of Virginia. At present he is Assistant Professor of Oral Diagnosis and Treatment Planning at the UNC School of Dentistry.

Is your insurance portfolio complete? Here is a summary of...

Group Insurance Plans for N.C.D.S. Members

*Andrew M. Cunningham

FIVE GROUP INSURANCE PLANS are available to members of the North Carolina Dental Society as a benefit of membership.

Three are sponsored by the North Carolina Dental Society. They are:

1. An accident and health plan
2. A major hospital and surgical expense plan
3. An accidental death and dismemberment plan

Supplementing these state-sponsored plans are two plans sponsored by the American Dental Association in which N.C.D.S. members are eligible to participate. They include:

1. An accident and health plan
2. A life insurance plan

The purpose of this article is to acquaint the members with the main features of these group plans. The description and explanation of each of them is by no means complete, but it should suggest to members that a review of their group insurance portfolios is in order to determine if they are taking full advantage of all benefits offered under the terms of these policies.

Full information on any of these plans can be obtained from the insurance agencies concerned, or from the Central Office.

N.C.D.S. GROUP PROGRAMS

1. **Accident and health.** This plan offers a maximum benefit of $650 per month of tax-free income when sickness or injury prevents the insured from practicing dentistry. Over 600 members of the North Carolina Dental Society are currently enrolled under this plan. This protection has been offered to members since 1943 by the Commercial Insurance Company of New Jersey, and administered by J. L. Crumpton of Durham.

The plan will grant up to 7 years for sickness originating prior to age 59, or up to the insured's 65th birthday, whichever occurs first. For sickness disability commencing between the insured's 63rd birthday and age 70, the plan will pay up to a maximum of two years. House confinement is not required.

For any injury occurring before the insured becomes 70 years old, he could receive the benefits of this

* Executive Secretary, North Carolina Dental Society.

policy for lifetime. Again, house confinement is not required.

Under the terms of the contract, optional hospital coverage may be added which will pay $20 per day from the first day of hospital confinement up to 90 days for any disability due to sickness or injury.

Wives and dependent children under 21 years of age may be included under hospital coverage.

Optional hospital benefits are available only to applicants under 60 years of age who can furnish satisfactory evidence of insurability.

Also, applicants under 60 who can furnish satisfactory evidence of insurability may include surgical operation coverage as a part of this plan. This will provide payment of $7.50 to $225 to the surgeon, according to a surgical operation schedule.

New members are eligible for this program without restriction, provided application is made within 60 days after becoming licensed to practice dentistry. Members returning from service in the armed forces are also eligible without restriction, provided they make application within 60 days after being discharged from the service.

Members under 55, not now insured under the plan, can apply for full coverage, including 7 years for each sickness, and lifetime for accident, and $150 weekly indemnity, subject to the physical condition of the applicant.

Members under 55, now insured for less than the maximum benefit, can increase their benefit to $150 weekly.

Members between the ages of 55 and 59, not now insured under the plan, are eligible to apply for $100 weekly benefits.

Members between the ages of 55 and 59, now insured under the plan, but with less than $100 weekly indemnity, may increase their policies to provide for $100 weekly indemnity.

Under this disability program, when a policyholder attains the age of 70, he is eligible to participate in a special plan to meet the high cost of hospital, nursing, and medical care, provided he makes application within 60 days prior to the expiration of his present policy.

2. **Major hospital and surgical expense.** This is a group policy designed for the professional man to cover hospital and surgical expense in the event of sickness and injury. This insurance protects against catastrophic medical experience as distinguished from the normal experience covered by basic hospital and surgical expense offered by Blue Cross-Blue Shield agencies and commercial companies.

The program is underwritten by the Insurance Company of North America. It is administered in Districts 2, 3, 4 and 5 by Moore and Johnson of Raleigh, and in District 1 by R. Stanford Webb Agency of Asheville.

It provides for payments up to $10,000 for hospital expenses on a deductible basis for members and the family of members. It covers the actual charge for hospital board and room, miscellaneous hospital services, 75 per cent of nursing fees, the expense of doctors' visits in the hospital, and the actual charge for professional ambulance service.

A member can enroll on a $100, $300, or $500 deductible basis.

In addition, optional surgical expense coverage may be obtained under this policy. This feature is

not subject to a deductible, but pays the surgeon according to a surgical fee schedule ranging up to $500.

New members applying for this coverage within 90 days after being licensed to practice will be accepted for full participation in this program regardless of their physical condition or past medical history. Previously insured members returning to civilian practice from the armed forces will be accepted without restriction, if they apply within 90 days of their military discharge.

Members under 50, not now insured, are eligible for participation, but their applications are subject to acceptance by the company.

3. **Accidental death and dismemberment.** This plan will pay up to $100,000 for accidental death.

Members under 70 years of age may purchase this protection regardless of health history.

The full principal sum of the policy will be paid for the loss of two or more members (hand, foot or eye). One-half the principal sum will be recovered for loss of one member. For the loss of the thumb and index finger of the same hand, one-fourth the principal sum will be paid.

Under this plan the insured is covered whether the accident occurs in the office, at home, or travelling on land, sea, or air. For the dentist who travels a great deal it is an economical form of travel insurance.

A.D.A. GROUP PLANS

1. **Life insurance.** All N.C.D.S. members under age 60 are eligible for this life insurance program underwritten by the Great-West Assurance Company of Winnipeg, Canada, and sponsored by the American Dental Association. Some members may not qualify for medical reasons. It is a "term" life insurance plan which affords protection of $20,000, and $30,000 for accidental death. Coverage will continue without premium payment if the insured becomes totally and permanently disabled prior to age 60.

After 60 the amount of benefit will be decreased.

There is now in effect on a five-year experimental basis a provision that participating members who attain the age of 76 will receive a fully paid-up policy in the amount of $500.

2. **Accident and health.** The American Dental Association sponsors an accident and health program underwritten by the National Casualty Company of Detroit, through the brokerage firm of M. A. Gesner, Incorporated, Chicago.

N.C.D.S. members are eligible to apply for coverage under this program, which provides a monthly benefit of up to $600.

In the event of injury by accident, benefits will be paid from the first day of disability for a limit of five years.

For disability due to sickness, payment of benefits will begin after the first week of sickness, but not for more than 24 months for any one sickness.

In addition, the policy features benefits paid for dismemberment and loss of sight by accident, if the loss occurs within 90 days of the date of accident.

The age limit for accepting members under this policy is 70, but there is no age limit for renewal of insurance.

Obligations of the New Dentist to Society, to His Profession and to His Fellow Dentists

Harry Lyons,* D.D.S., Richmond, Va.

Members of the healing arts professions occupy a unique position in society and are accorded a status in the community without parallel. They are often addressed as "professional gentlemen" (or gentlewomen).

How may one define or describe a professional gentleman? He may be described as a gentle man who professes certain things. He professes that he is educated beyond the general level of his community. He professes that he has special knowledge and skills. He professes his dedication to the public's welfare over his own. He professes that he gives more than he receives, willingly and by design. He professes his indebtedness to his predecessors from whom he inherited the knowledge, the skills and the tradition of his profession. He professes that he, in turn, will enrich and further endow the profession in which he enjoys membership.

The professional gentleman professes these attributes and the public accepts his professions in full faith. This faith of the public compounds the responsibilities of the professional gentleman. He holds a public trust within himself.

The obligations of the young dentist just entering the profession are deeply rooted in these attributes of a professional gentleman, in the definition of a profession, and in the American tradition of dentistry as a healing art. They involve not only fulfillment of duty and responsibility to the public but also preservation of professional status and self.

No one has privileges greater than members of the health service professions — privileges granted by society, both by custom and by legislative enactment. The healing arts professions, early in our country's

Grateful acknowledgement is made to Dr. Harry Lyons and the *Journal of the American Dental Association* for permission to reprint this article, originally published in the Januray 1962 issue of the *Journal of the American Dental Association*, Volume 64, Number 1.

history, were given privileges that may be described as monopolistic in that no one but a physician may practice medicine, only a dentist may practice dentistry, and so on.

It is axiomatic that for every privilege granted by society it exacts a concurrent responsibility. This is the privilege - responsibility complex of a profession.

Dentistry's monopolistic privileges carry the implied obligation of providing dental health care ultimately for the entire population of our country, rich and poor alike, under certain conditions. This is a responsibility that the profession may ignore only at the peril of losing its privileges and its status. In the past this responsibility has not always been met fully. As a consequence, the profession has suffered modifications in some state laws governing the practice of dentistry. In this connection it is important to recognize that what society gives it may also take away, or modify in light of experience.

Obligation to Society

The varied obligations of a dentist, young or old, to society are inherent in the privilege-responsibility complex of the healing arts profession and in the laws governing dental practice. For example, the dentist has the obligation to society of insuring the education of all laymen concerning the health benefits to be derived from adequate dental care, both preventive and remedial. He has the obligation of advising society concerning matters of dental health when confronted by obstacles of a political or educational nature. His role in the promotion of public water fluoridation is a case in point.

The dentist has the responsibility, in concert with his professional associates, to provide that the indigent citizens of his community receive dental care necessary for their physical health and social rehabilitation. This may require not only his own contribution of professional services but also leadership activity toward the establishment of a community program financed by public or private funds. He has an obligation toward the establishment of adequate hospital dental services and programs for the aged and infirm.

These are only a few facets of the broad obligation inherent in the privilege-responsibility complex of the health service professions concerning the provision of health services to all within the limits of their ability to pay for such services. Dental health care programs for the wealthy and the indigent are relatively simple to provide. Health care programs for the lower and medium income segments of the population pose problems more difficult of solution. The failure of the health service professions to meet this challenge has already led to partial loss of public esteem and to revisions in legislation governing dental practice. In this connection it might be of interest to trace a few historical developments in the realm of health care.

In our profession, as practiced for many decades, the direct relationship of patient and health servant was deemed to be part of the fabric of our democratic civilization. The patient sought the services of the physician or dentist of his or her choice. The doctor (dentist or physician) examined the patient and proposed treatment

which was deemed appropriate on the basis of his diagnosis. The patient subscribed to the treatment plan or not as he or she saw fit. The doctor set a fee based on the services rendered and the patient's ability to pay. In most instances it may be hoped and surmised that patients received whatever care their conditions warranted. The quality of professional service was not shaded by factors outside of the freely established relationship between patient and health servant.

In a fashion of which we are almost unaware, a third party has crept into the scene and has interposed itself between the doctor and the patient. The third party may be a labor union, a governmental agency or an insurance company. In a variety of patterns these third man agencies now generally determine the scope and quality of care which the doctor may give and the patient may receive. In some instances patients may no longer choose their doctor. By negotiated agreement or unilateral imposition, scales of fees are rigidly fixed. The quality of care is influenced by a number of factors including rigid fee schedules. Patient and health servant are both becoming enslaved to a new philosophy of health care involving consideration of groups of people rather than individual human beings.

The extent to which third man agencies have already invaded our private enterprise system of practice and the further extent to which they may intrude in the future pose an ominous threat to the private practice system. These programs may ultimately cover all members of labor unions and their families, employees of governments at all levels, military veterans and military dependents. Such programs might then cover between a third and one half of our population.

The effect of such changes in our private practice system of health care will weigh more heavily on the young dentists than on the older practitioners who may retire within the next decade. Because of this the younger members of the dental profession should now make every effort to develop methods to prevent the further spread and, in time, to eliminate all schemes for providing dental care under provisions deemed to be unfavorable both to the public and to the profession. Fortunately, more acceptable plans are being developed. The leadership in the dental profession should make every effort to provide dental care on a personal and private practice basis directly to all our people in a manner acceptable to them, with provisions for free choice of doctor, with the doctor unhampered in his health ministry by bureaucratic regimentation, and within the limits of the patient's ability to pay. This is part of the obligation of the young dentist to society and to his profession as well.

The young dentist should view with great concern the reference to health care for certain segments of our population as a fringe benefit to be "given" as an accessory to wages. The term "fringe benefit" would indicate that health care is not as essential to our standard of living as are such items as television receivers and automobiles. Supplying dental health care as a fringe benefit under a third man type of direction relegates certain segments of our population to the level of second class citizens in matters of

their health. The American traditional relationship of patients, as first class citizens, and health servants has been an important factor in the development of the high level of health care available to our people. It should be preserved at all cost. This is of the greatest importance in relation to the obligation of the young dentist to society.

Obligation to His Profession

The young dentist has a continuing obligation to enrich and endow the profession in which he is privileged to labor. He has been the recipient of the knowledge and the tradition created by his predecessors. This places the young dentist in a position of moral indebtedness to those who preceded him in the profession. The young dentist, therefore, has an obligation to his profession to contribute his proportionate share to the ever-increasing knowledge of the profession through study, through investigation, through reports of clinical observations, and so on. He has the obligation to participate actively in dental societies at local, state and national levels. By this means he may accomplish two objectives: (1) he may improve and increase his own knowledge and skills; (2) he may contribute to the further education of his contemporaries in the profession.

A very important obligation of the young dentist to his profession concerns dental education. The young dentist paid only a fraction of the cost of his dental education. The larger portion of his total educational cost was borne by the dental schools and universities which provided his education. These institutions, in turn, relied on state and local tax support and philanthropic gifts. The young graduate, therefore, is morally indebted to the dental educational system for a substantial portion of his dental education. He bears an obligation on this score.

An integral part of the profession's responsibility under its basic franchise from society is the preparation of professional personnel in numbers sufficient to meet the ever-increasing demand for dental care. The demand is increasing sharply because of several factors: a rapidly growing population, a steadily increasing per capita income and the influence of improved dental health education programs in schools and elsewhere. It is the obligation of the young dentist to support dental education in efforts to meet this obligation of the profession. Here, again, this responsibility must be met or else we face the likelihood of intervention by government. It is apparent that our population wants dental care in ever - increasing quantity and we may be sure that this will be attained by our population by one means or another. It is important, therefore, that we meet this aspect of our privilege-responsibility complex, if we are to preserve an independent status for the dental profession.

In this connection the subject of federal aid to dental education arises. The federal government utilizes the services of many dentists in the military dental corps, the Veterans Administration and the Public Health Service. It appears appropriate, therefore, that the federal government make a contribution to dental education in return. This would also be the means of equalizing the cost of dental education among the states which do not

support dental education. Great fears have been expressed that federal support for dental education would ultimately lead to intervention by the federal government in the control of dental education. This can be prevented by proper drafting of legislation providing federal aid to dental education and by insuring that the major portion of the financial support for dental education comes from other sources. As long as federal aid constitutes only a minor fraction of the total cost of dental education the dental schools and universities will be in a position to administer the educational programs in their schools according to their own concepts. Here, again, the young dentist has the obligation to his profession and to society to see that the major portion of the cost of dental education is provided by nonfederal sources. This points up the young dentist's personal responsibility in connection with his moral indebtedness to his dental alma mater. The contributions of alumni to their dental schools must be considerably increased as an important aspect of the program of maintaining academic freedom for dental education.

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Obligation to His Fellow Dentist

Many aspects of the obligation of the young dentist to his professional associates have been covered in connection with his obligations to society and to his profession. With special reference to his contemporaries the young dentist has the obligation of conducting his intraprofessional relations in accordance with the *Principles of Ethics* of the American Dental Association. These principles establish a code of conduct in keeping with the definition of a professional gentleman. This code demands of the professional gentleman that he practice the Golden Rule and play the role of his brother's keeper with the greatest possible dedication. Only by implementing a spirit of mutual helpfulness can those who labor in the vineyard of the healing arts serve humankind to the noblest degree.

Epilogue

The young dentist does, indeed, have great obligations to society, to his profession and to his fellow dentists. These are matched by great privileges and opportunity. The young dentist of 1962 faces a future of challenge and promise — challenge that will require his finest effort and promise of fulfillment of a noble life.

The role of research in dentistry is a many-sided subject. The need for research in the past was primarily for materials and methods used in restorative dentistry. Today the needs are still for improved materials until future research can provide adequate means for prevention of dental diseases. With this approach, dental health will maintain constant progress through constant study.

The Role of Research in Dentistry

Joseph E. Hunter, D.D.S.*

Dental research is probably as old as care of the teeth. Many of the historically early biological and medical discoveries were made by dentists. But the postulation of the focal infection theory early in the 20th century gave true dental research its greatest stimulation. The need for more knowledge of the basic biologic sciences became evident. As one result, the dental school curriculum was revised and the length of the program was increased to include more of these basic sciences. This shift brought more science teachers into dental education and improved the climate for dental research.

Until the early 1920's there was little organized dental research and what research was being done dealt chiefly with the mechanical phase of dentistry. In 1926 Gies stated:

> Thus far, investigation in dentistry has been one-sided, for, in the main, it has consisted of the development of profitable patented inventions, chiefly under commercial auspices. This research which has been mechanical almost exclusively and biological only incidentally has been directed toward immediate and obvious remedial needs.[1]

It is worthy to note that at the time of this report some biologically directed research was being conducted. But, in general, studies in

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new materials and better methods were the main objectives. Dentistry's chief aim was the preservation of teeth through restoration.

In the past 10-15 years there has been a great increase in dental research, with perhaps the greatest emphasis on dental caries. Of the 1,026 research projects reported by the "Survey of Dentistry,"[2] 115 treated dental caries. There were 77 studies on periodontal diseases, and 71 dealing with dental materials. These three topics accounted for 25 per cent of all dental research. The remaining 75 per cent dealt with bone, pulp, saliva, salivary glands, gingiva, tumors, occlusion, enamel, dentin, temporomandibular joint, and congenital abnormalities. This certainly suggests a broad approach to dental problems. There has also been an expanding of dental research into such areas as histochemistry, biochemistry, endocrinology, and microbiology.

Even though much more research is needed before dental diseases can be controlled, headway has been made toward the reduction of dental caries because of intensive endemiological studies of fluorosis. In the early 1930's research workers found the cause of mottled enamel was excessive fluorine in the water supply. Mottling had been under investigation as early as 1908. Then in 1928 a report from the Aluminum Company of America showed fluorine in the water supply of areas where mottling occurred. Studies showed that native-born residents of these areas had 50 per cent fewer carious teeth than people living in areas with no fluorine in the water supply. Continued research has shown that if the fluorine level is kept at 1 ppm in the water supply, there will be a reduction in dental caries with no mottling. Topical application of fluoride also has proved successful in reducing caries as much as 40 per cent.

Merely improved restorative dentistry is not the answer to dental health problems nor will it be the answer in the future. With present methods of treatment, the United States would need at least 135,000 new dentists in the next five years just to eliminate the backlog! Kesel states it well:

> The most satisfactory solution to the problem of meeting the dental health needs of the population lies in the discovery of measures that will prevent the occurrence of dental diseases. These can only come through research.[2]

Dental Research Groups

Many dental research organizations have arisen in the past 40 years. The Scientific Foundation and Research Commission was established in 1913 by Dr. Weston A. Price working with the American Dental Association. In 1915 the Commission established in Cleveland, Ohio, the first institute for dental research in the United States. But by 1920 its research had diminished, and in 1924 the Commission was formally dissolved and the Cleveland property was turned over to the American Dental Association.

In 1919 the War Department requested a specification for amalgam. This was the beginning of the dental research branch at the National Bureau of Standards. The work of the Bureau has affected almost every technic and restorative material the dentist uses today. Many improvements can be traced directly to research findings of the Bureau.

Dental investigators joined to-

gether to promote research by forming the International Association of Dental Research in 1920. The Association has grown from a membership of 53 in 1920, to over 1,000 in 1960.[2] The goals of this group are:

> . . . to promote broadly the advancements of research in all branches of dental science and in the related phases of the sciences that contribute directly to the development of the oral health service, and as a whole: and further, to encourage and facilitate co-operative effort and achievement by, and mutual helpfulness among, investigations in all nations and in every division of stomatology to the end that dentistry may render cumulatively more perfect service to humanity.

The partial attainment of these aims is reflected in the increase in the number of research papers presented at their meetings. In 1922, only 2 papers were read, but by 1960 this number had increased to 331.[2]

In 1930 the American Dental Association established its Council on Dental Therapeutics. This organization evaluates new drug products and reports to dentists on their effectiveness. This is accomplished by the publication of *Accepted Dental Remedies,* first published in 1934; it has gone through 27 editions. Efforts of the Council have enabled the profession to keep up with advancing therapeutic trends and have caused drug manufacturers to do more research before marketing new drugs.[3]

Only 14 of 43 American dental schools were engaged in dental research in 1926. Comparing medical research to dental research, Gies stated, "vigorous research in the former and weak in the latter."[1] Following the Gies report, several dental schools began developing dental research programs that would strengthen and improve dental investigations. In 1929, The Dental Study Unit at Yale was formed; its purpose was to maintain balance between curriculum, research, and clinical dentistry. In 1930, the University of Rochester's School of Medicine and Dentistry received a grant from the Rockefeller Foundation to develop a program of dental research and basic science. This general research activity continued to grow, and by 1945 dental investigations were being conducted in 45 dental schools.

This new relationship enabled the university to widen the horizons of knowledge and allowed the dental profession to gain in prestige. Percy T. Phillips said to the Alumni of the College of Dentistry at New York University:

> Certainly through this arrangement dentistry has increased its store of fundamental knowledge in the biological, technical, behavioral, and social sciences and thereby with each passing decade, has been able to improve its service to the public and to contribute fruitfully to the nation's efforts to improve the health status of its citizens.[4]

Dental schools and dental research organizations are not the only groups engaged in dental investigations. The Armed Forces, Veterans Administration, and manufacturers of dental materials have done much. The Army Dental Corps has 11 research billets, and the Navy has 15 such posts. The Air Force also maintains research positions for dental officers. The Veterans Administration encourages its dentists to engage in research activities that may lead to improved patient care. The Armed Forces and Veterans Administration have constantly improved and increased studies of dental problems since World War II.

Dental Schools and Research

Most dental investigators are associated with dental schools. Of the 1,186 investigators listed in the

"Survey of Dentistry,"[2] 878 are located in dental schools. Most of these are only part-time investigators and full-time instructors. Only 7 per cent of the researchers working in dental schools spend full time in dental research while 60 per cent spend less than half of their time in research.

More researchers are needed who devote most or all of their time to dental research. More dentists are needed in research because they are familiar with the problems facing dental investigations. Increasing numbers of other types of research workers are needed to maintain a broad outlook on dental problems. The number of assistants and technicians should be multiplied to permit the most efficient use of the investigators' time.

Recruitment and training of research personnel is the responsibility of dental education. This is a role of ever-increasing importance for "one investigator could do more for dental health than thousands of dentists"[2] if he could find a way to minimize the formation of calculus or control dental caries.

Teachers should be encouraged to develop research activities, and to apply research findings to the clinical practice of dentistry. Teachers who are interested in research and who appreciate its importance will be able to convey this interest to the students. The best source of future investigators is from the undergraduate students who are properly motivated by faculty example.

Students should be encouraged in dental research early in their dental training. The American Dental Association supports science projects for high school students. The National Institute of Dental Research has helped to increase interest by their fellowship and training programs. Dental schools are beginning to stress the importance of research by recruiting teachers and researchers of the basic sciences. This tends "to stimulate intellectual curiosity and constructive thinking among faculty members which may be transmitted to the student."[2] The best way to increase the number of investigators is to develop dentists with an established interest in dental research.

Communication of Research Findings

Research is compiling information about new materials and improved methods at such a rapid pace that dentists in practice cannot keep up with the flood of findings. Manufacturers report many materials and techniques in use today that were research curiosities only five to seven years ago. For dental research to be of any value it must reach the practicing dentist for application.

There is considerable time lag between research findings and their application. For example, fluoride was proven safe and effective in prevention of caries by 1940. In 1950 it was still being tested, and today its use still is not widespread.

Many journals are published that report on research activity, new materials, and drugs accepted for dental use. Local, state, and national dental meetings also present information on the latest equipment and supplies. Postgraduate courses and refresher courses bring the graduate dentist new techniques that are acceptable.

The responsibility for the use of new materials and development of

new techniques rests primarily with the practitioner. If he does not keep himself informed, modern research will be of no benefit to society.

Financing Dental Research

In the past ten years increasing support has been given to dental research. In 1926 the Gies report showed that only 14 of 43 dental schools in the United States had spent any money on dental research in 1924-25. (The amounts ranged from $109.00 to $16,294.00 with a total of $41,370.00.) In 1958, 45 schools reported $4.5 million spent on research. This is more than 100 times that spent 35 years ago.[2]

For over a decade the federal government through the National Institute of Dental Research has provided funds for dental research. In 1948, $750,000.00 was appropriated for extra and intramural research. Extramural financial support is for research in dental schools and other non-federal agencies. Intramural aid is for research conducted by personnel of the National Institute of Dental Research. This budget was increased to $800,000.00, and in 1956 the American Dental Association and the American Association for the Advancement of Science asked the Congress for more funds. Then in 1957, the Congress appropriated $6,026,000.00. By 1960, the total of $10,019,000.00 was twelve times the 1956 amount.

Thirty-six other agencies also reported funds spent for dental research. The Armed Forces and Veterans Administration have been major contributors since World War II. Forty-three of 169 dental manufacturers reported $3,559,000.00 spent on dental research. Most of this was for product development and improvement.

Of the total amount spent for all dental research in 1958, 75 per cent came from federal funds and only 25 per cent from all other sources combined. The financial support given dental research indicates growing interest and activity, although it cannot be regarded as nearly sufficient to permit adequate investigation of unsolved problems relating to dental health.

Where are future funds to come from? More federal help will be needed, but the government cannot be expected to supply all the funds for dental research. The profession, universities, industry, and philanthropic agencies should be shown the need to contribute more.

Future Research Needs

The public and even some dentists do not realize that repairing and replacing teeth is not the ultimate in better dental health. The real need is for extensive investigation into the causes of dental diseases that will lead to practical means of prevention. These studies necessarily will be lengthy however, and until prevention is practical, control through restoration is the only means of reducing dental diseases.

Immediate study must be turned to development of restorative materials that last longer and provide more protection against recurrent caries. Amalgam needs research on its mechanism of setting and rate of expansion. A good zinc-free silver alloy is required. A new "plastic" restorative material is needed. Presently, silicates are replaced at a cost of about $50 million annually.[2] New cements are needed which are insoluble, anticariogenic,

and adhesive. Improved cavity liners are needed to protect the pulp better and to stimulate the formation of secondary dentin quicker.

Instruments are needed which will enable the dentist to diagnose tissue changes with more reliability and to handle the increased work load more easily. Some examples of needed instrument improvement are: pulp testing instruments that will more accurately determine the condition of the pulp; X-ray equipment that will produce better radiographs with still less danger to the patient and dentists; instruments that will detect caries before gross changes have taken place; and high-speed equipment that will last longer and cut better with less noise.

The biologic projects that have already shown promise toward preventive dentistry should receive primary consideration. Fluoride, for example, has been proven effective. But how does it work? The answer could lead to more significant findings. Research on organic and inorganic components of teeth needs further investigation. If enamel is first altered before decay due to demineralization, then research might be able to develop remineralization agents or coatings that would stop further carious activity. The study of germ free animals might lead to isolation of microorganisms specific to dental disease. Agents effective against these organisms could be developed. Investigation in enzymology could unravel the chemical processes by which enamel and dentin are destroyed. Saliva needs continued and intensive investigation. This may prove saliva to be as valuable a diagnostic aid as blood and urine. The presence of enzymes in saliva may point to such systemic disorders as prostatic carcinoma, dementia, and hypertension. The cells present in saliva may prove useful in diagnosing and detecting periodontal disease or intraoral malignancies.

Some dental ills that have been almost ignored will need more study in the future. Calculus is a major cause of periodontal disease. How is it deposited on teeth and how does it adhere to the tooth? Research should reveal clues to the solutions of these questions. As many as 10 per cent of all adults have erosion. Is it associated with nervous tension? Dental researchers collaborating with psychiatry could study this problem.

When research begins to save more teeth, more middle aged and older patients will have their natural teeth. These persons will be more susceptible to periodontal diseases. Many physical, chemical and microbial factors work together to cause periodontal disease and only long term research by many trained persons will lead to the answers to these problems.

Dental diseases do not kill people, but they do handicap many people through discomfort, general disability from oral infections, and by embarrassment or insecurity because of missing or unsightly teeth. Restorations are only palliative, they do not solve the problems. The only permanent solution is the development of effective and widely applied preventive measures. Advancements in dental research can provide these solutions.

Dental research has made much headway since the early 1920's. Many dental research groups have been organized since then. Most of

them are still very active in dental investigations. Largely through encouragement of these research groups, the dental schools have become the centers for dental research. Today these schools are provided with equipment and supplied funds that were unheard of 25 years ago. To be of value in assuring the future dental health of the nation this research must be continued. This will mean more time and funds needed by more personnel. These needs are basic to the advancement of dental education, dental practice, and public health.

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Advances in Research on Dental Care for the Aged

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Health is a central factor in every aspect of the older person's life. It influences every social, occupational, and economic strata of people; it affects all proposals for aiding the large numbers of older people in their family life, employment, recreation, and participation in community affairs. Facts about the relationship between health and aging are being sought in many places—one of which is the dental profession.

Until recently, very little attention has been given to the dental problems of the aged and aging. With a population being comprised of more and more older people, the dental and general health problems of this group become more pressing. Sore teeth and ill-fitting dental appliances make eating less pleasurable among the aged. When the satisfaction and gratification of eating is decreased, the desire decreases, and, in turn, a vicious cycle may ensue, leading to malnutrition and its accompanying ills—physical and mental deterioration.

These changes of dental significance do not all originate in the health of the patient. They may be of social, economic, psychological, or physiologic derivation.

Dental Diseases Are Chronic

Most dental diseases or conditions may be termed truly chronic. Dental caries has long been recognized as one of the most universally chronic diseases of mankind and the most prevalent of all child-

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hood afflictions. Other dental conditions of a chronic nature include gum diseases or periodontal disease (commonly, but incorrectly, termed pyorrhea); joint problems associated with arthritis and rheumatism; and malocclusion, by loss of teeth and facial changes, due to premature and insidious combinations of dental disorders. Many chronic diseases of senescence, which are not specifically dental, have distinguishable oral manifestations; therefore, the dentist is very often in a position to detect other diseases such as tuberculosis, diabetes, cancer, nutritional disorders, and even high blood pressure.

A Healthy Mouth Imperative

It cannot be accurately stated how much oral or dental disease affects the length of life, but it can be accurately stated that the body cannot be entirely healthy without a healthy mouth. As the rest of the tissues and organs age, the teeth also may be affected. They may become eroded, abraded, or diseased the same as other tissues and organs.

Wearing away may destroy the contact needed between the teeth and allow food to pack around them; the gums may then swell up, become inflamed and gum disease (periodontal disease) has begun. If this process is unchecked, the loss of the teeth is certain, but this need not be the case if proper dental care is received and home care adequately performed.

The supporting structures of the teeth, the jaws, salivary glands, and all conjunctival tissues are affected by senescence. The tissues may become shrunken and wrinkled, taking on a peculiar waxy appearance. The decreased flow of saliva may cause the mouth, nasal chambers, and throat to be quite dry. These are not unusual happenings, as they are simply part of the process of our body functions slowing down, but more important in the loss of the natural teeth is a consideration of the previously mentioned factors. The common notion that pyorrhea (periodontal disease) occurs in the fourth and fifth decades has led to insufficient attention to this disease in earlier life. Even though cases take several years to develop, the fact that periodontal disease is readily evidenced after forty has made some believe that it was initiated at that time. Statistical studies by periodontists (gum-disease specialists) reveal that under 30 years of age, 53.5 per cent of the teeth are extracted because of caries (commonly termed cavities) and 9.3 per cent because of gum disease or conditions. In patients over 30 years of age, 22.4 per cent of the teeth are lost as a result of caries and 41.9 per cent due to various kinds of periodontal or gum conditions. According, then, to these figures, the rate of tooth loss due to gum diseases goes up drastically as the age increases.

Faulty Nutrition

Factors associated with the entire body may affect the dental structures. One may be faulty nutrition. It is a well-known fact that boredom and poor diet will make us old before our time and are factors in the possible loss of our teeth. Debilitating diseases (ones that make us "run down") allergies, X-radiation in excess, avitaminoisis, hormone imbalance, or pregnancy

may cause the supporting bone and soft tissue to become weak and incapable of carrying the load the teeth force upon them. The teeth are not anchored in bone, as is a general belief, but are suspended from the bony socket in a network of thousands of tiny ligaments called the Periodontal Membrane. Thus, when we bite down on our teeth, these tiny connecting fibers exert a pulling tension on the bone, which stimulates it to remain healthy as long as there is no infection or tartar present and enough of these ligaments are present to support the load. As a reflection on some not-so-common knowledge, the bony ridge around our teeth, known as the alveolar process, is only present due to the stimulation of the teeth working within it, which keeps the constantly changing bone healthy. Once the teeth are lost, this healthy stimulation is gone and the bone gradually dissolves away, due to a lack of need for it on the part of the body. This usually is a slow process, but it can be rapid depending on the health of the person.

Early Dental Care

Premature aging, mentally and physically, is often associated with early loss of teeth, destruction of the ridge (alveolar process), and the wearing of dentures. It seems that if the patient can be given the opportunity by the medical profession to live a fairly comfortable and useful life until he is 70 years of age or over, the dental profession should make it possible for him to retain his dental apparatus in good health and comfort for that period of time. The most important factor for the success of this proposal is an early start. Dental disease is more or less cumulative, so that the longer the patient lives, the more factors have been in operation to cause the loss of the teeth. Each bout with disease leaves its scars in the mouth as in other areas of the body, all of which remain to a great extent to make us more susceptible to the insults of later life. In addition, the reduced vitality and resistance of the gum tissues and bone is lessened in later life, rendering it more susceptible to the effects of trauma (mechanical damage) and complicating the dentist's efforts toward minimizing tooth loss and maintaining comfort, freedom from infection, and maximum masticating efficiency. A complete long-range program of the individual person with the dentist should consist of early dental and periodontal attention, preferably in the preventive stages. This includes maintenance of the oral structures by regular prophylactic treatment (removal of deposits from the teeth) and periodontal care to keep the dental apparatus modified to the constantly changing body tissues due to health and age. This is to be done in addition to the regular attention given cavities and other dental conditions. After the completion of active dental treatment, every person should make arrangements for periodic dental check-ups every three to twelve months. Home dentistry is a potent weapon in keeping the teeth in adequate health and safety. This is done by patient and judicious dental education of each individual on toothbrushing, home care and proper nutrition so that he can cooperate to the fullest degree. The cooperation with the physician toward the early detection of diseases or deficiencies, in addition

to the early discovery and elimination of local factors in the mouth that may interfere with good general health, is also a necessary adjunct.

There has recently been some imaginative and revealing research done by Dr. Sidney Silverman at New York University. He has shown that:

"Dental care provides nutritional and psychological support for the aging patient. These areas of support relate to the dentist's responsibility for restoring not only masticatory function but also the deglutitive, respiratory, speech and language functions, the special senses of vision, hearing and taste, head posture and ultimately, the training and learning of vocational skills. This broad concept of dental care responsibility is relatively recent. It is substantiated by recent research experiences through studies in which the behavioral sciences have been co-ordinated with the biologic and clinical sciences.

"The management of dental care for the aging is thus related to both the social and medical aspects of their lives. The socio-economic experience of a patient and his prevailing medical conditions are in constant interaction and together exist as a constellation of forces within which dental service is provided.

"The principal responsibility of dental care for the aging patients is to provide care for acute inflammatory conditions, to maintain and retain the residual oral structures and to adequately restore teeth for ingestion of food. Studies at several metropolitan hospitals reveal that many patients under supervision are served adequate dietaries, yet do not ingest foods because of poor dental health. In the institution and home situation, inadequate dental care often leads to "tea and toast" meals several times daily. This results in a low protein, high fluid, high carbohydrate diet which undermines the health of an already sick person.

"The second major responsibility of dental care is to improve the speech and language function and to restore the facial appearance of the edentulous, and partially edentulous patient. The effect of speech improvement and improved esthetics of the face form generally leads to improved socialization experience of patients who seek company, friends and social activity. The combined effects of improved speech and appearance facilitate adjustment to disability and learning to live with reduced function.

"The most frequent treatment procedures for the aging, relate to the management of the residual dento-alveolar structures by periodontal and prosthodontic care associated with surgical, endodontic and restorative practices. Thus, the aging patient requires all the skills which the dental practitioner must make available to the younger patient. There are, however, two important considerations of which the private practitioner must be cognizant in order to provide satisfactory dental care in private practice for these patients. They are: (1) the increasing incidence and longevity of the aging population, (2) the high incidence of chronic disease and disability in patients of this age group.

"The aging person's personality is the sum total of his ideas, emo-

tions and behavior. It depends in part upon his life's experiences and his state of health. Since most aging people have reduced sensory function, their responses are slower, they take longer to respond and to learn. They are frustrated quicker and make greater demands upon themselves than they can possibly achieve. Hence, anxiety, depression and hostility generally accompany dental care for the aging."

Dental Problems of the Aged

The dental problems of the aged population are different from the rest of the population only in the types of services needed. About 60 per cent of the people over 65 years of age are edentulous; approximately ½ to ⅔ of the persons without teeth have dentures in varying degrees of serviceability. About 90 per cent of those with remaining teeth have some degree of periodontal disease; approximately 20 per cent need extractions; about 11 per cent need operative care. Thus it can be seen that the dental care, by itself, needed for these people is not at all beyond the normal resources of the dentist in any community.

The first hurdle in providing dental care to these persons is that this is a new and uncharted area—not only to the dental profession but to most of the other professions. In fact, it is only recently that any special attention has been given to the health of this group. Perhaps the major obstacle to overcome is in the orientation and training of the dentist to this type of care. We have always treated patients in a private office where the relatively well and ambulatory patient could receive care on his own initiative. Among the aged, however, many cannot get to the dental office and most would not be welcomed if they could. Few dentists welcome severe cardiac patients, the mentally confused, and/or the incontinent. In addition to this is the fact that there has been a lack of equipment to provide out-of-office dental care, and little experience in its use. We just are not accustomed to taking our services to the patient. We are not prepared to treat a bedfast patient either because of lack of experience or lack of equipment — but more often because of the lack of both.

Unmet Dental Needs

The Public Health Service has conducted studies designed to produce information on the dental needs of the institutionalized and homebound aged patients and to develop methods of providing dental care to these groups. The data from these projects show a large backlog of unmet dental needs. Slightly less than ⅓ of the patients are able to receive dental treatment for various reasons, about ⅛ need no treatment at the time of examination, and ⅗ need and can accept dental care; of the treatable patients 90 per cent can be cared for in the dental office or clinic and about 10 per cent must be treated at home. Cost of services and lack of transportation to the services are major barriers to provision of dental care.

Portable Equipment

Methods have been investigated and developed which enable the dental profession to provide adequate dental health service in places where there are no fixed dental fa-

cilities. Lightweight portable dental equipment has been developed and is being produced for use in the home or at the bedside. There are several types of dental engines available, some belt or cable driven cilities. Lightweight portable denin the 6,000 to 10,000 revolutions per minute range, and also portable high speed air rotors operating on either compressed air or bottled carbon dioxide. Lightweight aspirators and compressors are on the market. Several types of lights may be obtained, and some operators have found head lamps to be advantageous. There are portable headrests which may be attached to either straight chairs or to wheel chairs. With the proper selection of this equipment, it is possible to provide the same range of high quality dental care at the bedside as in the dental office.

Financial Problems

One of the major reasons for the aged not receiving dental care lies in their inability to pay for dental care. According to the Special Committee on Aging of the U. S. Senate, more than ½ of the persons over 65 years of age have incomes of less than $1,000 a year; another quarter of them have incomes ranging between $1,000-$2,000 a year; approximately another quarter have more than $2,000 a year. Therefore, it can be readily seen that since such a large number of this group need extensive and expensive dental care there needs to be some method of providing the financial means of payment.

There have been, and currently there are, studies being conducted in methods of financing dental care. These include pre-payment and post payment programs involving beneficiaries with varying economic situations. There is also considerable investigation of the utilization of dental service corporation.

In conjunction with Western Reserve Dental School and the Cleveland Home Care Program we are beginning a study in methods of financing home dental care. The Home Care Program has been in operation for a couple of years and we are adding dental care which will then make this program include every medical and para-medical service. Each patient will have his own personal dentist, a private practitioner where possible and a dental student for those patients who are unable to pay for care.

Shortage of Dental Manpower

Five regional studies of future dental manpower needs show that, although requirements vary by region, all areas and the nation as a whole face a serious shortage of dental manpower in the next decade. Social and economic improvements in addition to population growth will increase demands for dental service.

However, studies in the behavioral sciences which have nothing directly to do with the content of dental public health may be of great significance to planning programs in this area.

Studies by Kegeles, Weiss and Pelton, and the American Dental Association indicate that a very small proportion of the population sees a dentist frequently on a regular basis and that there are barriers other than financial that keep people from dental care. Attitudes towards dentists and dental care are specifically related to utilization of services.

Rosenstock, Hochbaum, and Kegeles have summarized current knowledge on individual health behavior. An individual's behavior is determined by his own definitions of reality rather than by those of the professional expert. Six requirements are presented as necessary to cause a person to take a particular health action. Briefly these are: health matters are important to him; he believes he is susceptible and the occurrence would be serious; the threat is moderately intense; he believes that means exist for effective action; the positive aspects of action outweigh the negative aspects; and a cue occurs to trigger action.

ADA Leadership

In the two and a half years since the First National Conference of this organization, great strides have been taken by the dental profession. We have recognized and accepted our responsibilities in the care of the aged person under the leadership of the American Dental Association. Through its Council on Dental Health there has been a steadily increasing emphasis on alerting the component societies to the needs of older citizens. A major portion of the agenda of the Dental Health Conference in April of this year was devoted to this area.

In May of this year, the American Dental Association issued a statement on the recommended dental care for patients in nursing homes. The American Nursing Home Association has distributed over 5,000 copies of this statement to its members.

At the Annual Meeting of the American Dental Association in Philadelphia in October of this year, one session was devoted to a discussion of some solutions to the problems facing us in the care of the older patient.

We in the Public Health Service have attempted to keep pace with our colleagues. By means of intramural research, and by the use of extra-mural research grants, we have been, and are currently engaged in many facets of this phase of our total dental concern.

In closing, I should like to quote Secretary Ribicoff in a recent speech in New York. He said, "a research discovery in the laboratory, until it is applied, saves mice, not men! Breakthroughs in research should not be followed by breakdowns in delivery."

It is to the end of providing service to people that we must now direct ourselves. We have acquired the necessary prevalence data, we have developed the necessary equipment, we have completed pilot programs on methods of delivering dental services. The important job lies just ahead. In conjunction with the other health professions represented here, we, the dental profession, must begin to provide the needed dental services, by the most practical and expeditious means at our disposal.

November 1, 1961

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Meet With The First In Land Of The Sky



ALLEN T. LOCKWOOD, D.D.S.
President

THE First District Dental Society will hold its forty-first annual meeting in Asheville at the Grove Park Inn on September 29, 30, and October 1.

Much thought and preparation has gone into the planning of this meeting. We expect it to be one of the best ever.

Registration will begin on Saturday afternoon. In the evening there will be a social hour and buffet followed by dancing.

Bob Hoffman has everything lined up for a good golf tournament on Sunday morning. Take advantage of this opportunity to play the beautiful course at the Asheville Country Club.

On Sunday afternoon there will be a social hour from 5:30 to 6:30. I hope everyone will be on hand to meet the State Dental Society officers and the new applicants for membership.

We are going to try something new in the business meeting on Sunday evening. The election and installation of officers will take place at this meeting instead of on Monday. This will leave all of Monday free for the speakers. However, the new officers will not take office until Monday afternoon.

The luncheon on Monday, also, will have a new look. We have invited the Ladies Auxiliary to join us for the luncheon and to hear Mr. Randolph Babcock, whom Fenton Cunningham has invited to address us at that time.

The essayist at the meetings on Monday will be Dr. Robert Stinaff of Akron, Ohio, who will speak on "Topics Related To Practice Management." I am sure you will find his talks interesting, informative, and helpful.

We urge all members of the First District to attend these meetings, and we extend a cordial welcome to all members of the North Carolina Dental Society.

Program
First District Dental Society

GROVE PARK INN, ASHEVILLE
SEPTEMBER 29-OCTOBER 1, 1962

Saturday, September 29

4:00- 6:00 p.m.	Registration, Lobby
6:00- 7:30 p.m.	Social Hour
8:00 p.m.-12:30 a.m.	Buffet, Laurel Room Cabaret Party with informal dancing, Green Room

Sunday, September 30

11:00 a.m.	Golf Tournament, Asheville Country Club
2:00- 5:30 p.m.	Registration, Lobby
5:30- 6:30 p.m.	Social Hour with introduction of State Officers and Prospective Members
6:30- 8:00 p.m.	Dinner, Plantation Room
8:30 p.m.	Opening Session, Laurel Room Call to Order—Dr. A. T. Lockwood, President Invocation—Dr. Frank E. Martin Necrology Report—Dr. William T. Pennell Introduction of Visitors Minutes of Last Meeting—Dr. M. M. Forbes Treasurer's Report—Dr. M. M. Forbes Committee Reports Receiving of Applications for Membership Charge to New Members—Dr. S. H. Isenhower Old Business—New Business Election of Officers Installation of 1962-1963 Officers Adjournment

Monday, October 1

8:30-10:00 a.m.	Table Clinics, Green Room
9:00-11:00 a.m.	Registration, Lobby
10:00-12:00 noon	Dr. Robert K. Stinaff, Laurel Room "Topics Related to Practice Management"
12:30- 2:00 p.m.	Combined Luncheon Meeting with Ladies Auxiliary, Plantation Room Mr. Randolph Babcock, Speaker
2:15- 3:30 p.m.	Dr. Robert K. Stinaff, Laurel Room "Topics Related to Practice Management" Adjournment

First District Essayist



ROBERT K. STINAFF, D.D.S.
Akron, Ohio

Dr. Stinaff is an outstanding essayist, clinician, and author on practice administration. A Fellow of the International College of Dentists and a member of Omicron Kappa Upsilon, he is a graduate of Northwestern University Dental School and author of "Dental Practice Administration and Dental Auxiliary Personnel."

TOPICS RELATED TO PRACTICE MANAGEMENT

Monday, October 1 **10:00 a.m.**

APPOINTMENT CONTROL

The demands made upon the time and facility of the dentist are such that he is constantly under a pressure of combined strain and tension. A review of appointment methods, materials and appointment books is presented, as well as suggestions for genuine appointment control necessary for good practice administration, including the use of treatment schedules. Methods for operating the recall system will be discussed. Colored slides.

Monday, October 1 **2:15 p.m.**

FEES

This series of colored slides attempts to analyze the various methods of arriving at a fee and scrutinizes such attempts for valid and non-valid reasoning. A sound and comprehensive fee analysis is projected, as well as certain helps in credit control.

Table Clinics

Monday, October 1 **8:30-10:00 a.m.**

1. **Space Maintainers,** Patsy McGuire, D.D.S., Sylva and C. V. Winter, D.D.S., Charlotte, a guest from the Second District.
2. **Clinical Endodontics,** J. L. Winstead, Jr., D.D.S., Hendersonville.
3. **A Functional Bite for Crown and Bridge,** Cameron H. Keels, Jr., D.D.S., Morganton.
4. **Color Slides and Case Presentation,** James H. Maddox, D.D.S., Enka.
5. **Oral Surgery,** John F. Lemler, D.D.S., Asheville.
6. **Patient Education,** Carey T. Wells, Jr., D.D.S., Canton.
7. **Sagital Dynamics in Function,** Claude A. Sherrill, Jr., D.D.S., Asheville.
8. **Class Five Gold Foil Restorations,** Kenneth M. Ray, D.D.S., Asheville.
9. **TMJ Disturbances,** C.M. Johnston, D.D.S., Charlotte, a guest from the Second District.

Queen City, Host To Second District

LESLIE C. HOLSHOUSER, D.D.S.
President



THE forty-second annual meeting of the Second District Dental Society will be held in Charlotte at the Queen Charlotte Hotel, September 16-17, 1962.

The officers and committee members have worked hard this year to bring you a program, we feel, will put the Second District "in orbit." It is my distinct privilege to invite and urge every member to attend this meeting. I also extend a very cordial invitation to all state officers and members of the other Districts to meet with us.

All efforts are being used this year to encourage as near 100 per cent attendance as possible. Our program is set up so as to attract, not only members, but also their wives, assistants and other auxiliary personnel. Dr. George W. Crane, one of America's most outstanding psychologists, will be our first clinician on Monday from 10:00 a.m. to 12:00 noon. In the afternoon Dr. Leroy Peterson, one of our most outstanding oral surgeons, will be our clinician. Check the very fine program on the next few pages.

To the new members inducted last year and to the applicants for this year I would like to encourage you to take your place in the Society by attending the meetings and giving clinics, for it is you who will be our future leaders.

The Entertainment Committee has a treat in store for us at our social hour and banquet. Good food and light entertainment is the order of the day. The Annual Luncheon is always well attended. So come Sunday, register, and get your Banquet and Luncheon tickets early, as some were disappointed last year.

Your President and the other officers have represented your district at all meetings during the year. The District Officers' Conference at Greensboro did much to enlighten us on our duties and responsibilities.

At this time I would like to thank the members of the Second District for allowing me the honor and privilege to serve as your President. It has been a most rewarding year for me. Every officer and committee member has been most helpful and to all I say "thanks."

I shall look forward to greeting you in Charlotte.

Program
Second District Dental Society

QUEEN CHARLOTTE HOTEL, CHARLOTTE
SEPTEMBER 16-17, 1962

Sunday, September 16

11:00 a.m.- 5:00 p.m.	Registration, Lobby
12:00 noon	President's Luncheon, Chelsea Room
1:00 p.m.	Executive Committee, Parlors E and F
5:30 p.m.	Social Hour, Chelsea Room
6:30 p.m.	Annual Banquet, Ball Room Master of Ceremonies—Dr. Leslie C. Holshouser Invocation—Dr. W. F. Yelton Welcome and Recognition of Visitors and Guests Induction of New Members—Dr. R. B. Harrell Dr. John C. Brauer, Dean, University of North Carolina School of Dentistry Entertainment Reception Line to Welcome New Members
9:15 p.m.	Opening Session, Chelsea Room Call to Order—Dr. Leslie C. Holshouser, President Invocation—Dr. J. Donald Kiser Recognition of State Officers Mr. Andrew M. Cunningham, Executive Secretary, N.C.D.S. Committee Reports Necrology—Dr. Smith Kirk Nominating—Dr. James A. Harrell Election of Officers

Monday, September 17

9:00 a.m.- 2:00 p.m.	Registration, Lobby
9:00-10:00 a.m.	Table Clinics, Chelsea Room Dr. Stevenson Thurston, Chairman Table Clinic Committee
10:00-11:00 a.m.	Dr. George W. Crane, Ball Room "Psychology in Professional Practice"
11:00-12:00 Noon	Dr. George W. Crane, Ball Room "Strategy in Handling People"

12:00 Noon- 2:00 p.m. Annual Luncheon, Chelsea Room
(All members & guests invited to attend)
Invocation—Dr. Robert A. George
The President of the North Carolina Dental Society—Dr. Edgar D. Baker
President's Address—Dr. Leslie C. Holshouser
Secretary-Treasurer's Report—Dr. Boyce A. Brawley
Auditing Committee Report—Dr. Milo J. Hoffman
New Business
Installation of Officers

2:00- 3:00 p.m. Dr. Leroy W. Peterson, Ball Room
"Surgical Adjuncts to Orthodontic Treatment"
Dr. Freeman Slaughter, Moderator

3:00- 3:30 p.m. Projected Clinic, Ball Room
"Oral Tumors"—Dr. R. P. Morehead, Pathologist, Bowman Gray School of Medicine, Wake Forest College, Winston-Salem
Dr. David L. Beavers—Moderator

3:30- 4:30 p.m. Dr. Leroy W. Peterson, Ball Room
"Benign Tumors Affecting the Jaws"

4:30 p.m. Final Business Session
Report of Committee on President's Address
Installation of Officers
Unfinished Business
Adjournment

Table Clinics

Monday, Sept 17 **9:00 a.m.-10:00 a.m.**

1. **Bleaching Non-Vital Teeth,** Robert H. Watson, D.D.S., Charlotte.
2. **Newer Concepts in Artificial Teeth,** Jerome G. Rehm, D.D.S., Charlotte.
3. **Practical Ideas in Pedodontics,** D. Clyde Young, Jr., D.D.S., Salisbury.
4. **Pedodontia,** Frank H. Daniel, D.D.S., Winston-Salem.
5. **Cytology in Early Diagnosis of Oral Cancer,** Nelson Large, D.D.S., V.A. Hospital, Salisbury, and Ralph B. Campbell, D.D.S., Charlotte.

Second District Essayists



GEORGE W. CRANE,
A.B., A.M., B.M., Ph.D., M.D.
Chicago, Illinois

Dr. Crane took his college work at Yale and Northwestern Universities, and he is recognized as one of the most outstanding psychologists in America today. His text book "Psychology Applied" has had classroom adoptions in over 700 colleges and universities in the United States and Canada.

He is author of two daily newspaper columns called, "The Worry Clinic" and "Test Your Horse Sense."

Monday, September 17 **10:00 a.m.**

PSYCHOLOGY IN PROFESSIONAL PRACTICE

Monday, September 17 **11:00 a.m.**

STRATEGY IN HANDLING PEOPLE



LEROY W. PETERSON, D.D.S.
St. Louis, Missouri

Dr. Peterson is one of the outstanding oral surgeons in America today. He received his dental degree from the University of Michigan School of Dentistry. He is professor of oral surgery at Washington University School of Dentistry; Diplomate of the American Board of Oral Surgery; member of the Advisory Committee of the American Board of Oral Surgery; Consultant to the Council on Dental Education; Secretary-Treasurer of the American Society of Oral Surgeons; member of Omicron Kappa Upsilon; contributor to the text "Oral Surgery," edited by Kruger, C. V. Mosby Company.

Monday, September 17 **2:00 p.m.**

SURGICAL ADJUNCTS TO ORTHODONTIC TREATMENT

This talk will encompass a discussion of impacted teeth. Important teeth to the health of the dental arch may be salvaged through surgical intervention and, with the aid of orthodontic treatment, can be brought into useful function. This talk will also cover the diagnostic problems of locating these impacted teeth and discussions on the ankylosed or submerged deciduous molars as well as supernumerary structures and other dental anomalies.

Monday, September 17 **3:30 p.m.**

BENIGN TUMORS AFFECTING THE JAWS

This discussion will run the gauntlet of hard and soft tissue lesions as they affect the jaws. This will include also bone anomalies and other exostoses pertinent to correction for denture preparation. Basic factors in differential diagnosis will be stressed and surgical treatment, including pre and postoperative care, carefully outlined.

Third District Offers Triple-Threat Program



M. L. Cherry, D.D.S.
President

THE Third District Dental Society will hold its annual meeting this year in Durham. We are trying a new location and changing the format of our program. Our opening will be moved up to Saturday, October 13. This is a day of fellowship and fun for all. We will attend the Duke vs. California football game, leaving the Jack Tar Durham Hotel by special bus. Seats at the game will be together. We will return to the hotel for a cocktail party, buffet dinner, and a dance. Tickets for this day's entertainment will be $9.00 a person. This includes the football game, cocktail party, dinner and dance. Letters will be mailed out to members of the district with a return card for reservations at the hotel and also for the tickets for the entertainment on Saturday. For all guests outside the district, you may write or call Dr. Baxter Sapp, Duke Hospital, Durham, for reservations. A deposit of $3.00 per ticket for the Saturday entertainment will be required.

Sunday we will have our usual golf tournament. At 2:30 we will have transportation out to the new Dental Laboratory Technicians School for a tour. Our social hour will begin at 6:00 p.m. followed by the banquet. There will be entertainment for all and gifts for the ladies. Following the banquet, we will have the opening business session.

On Monday, we will begin our scientific program. Our Clinics Committee assures us a variety of interesting table clinics. Our Program Committee has obtained an outstanding speaker on Prosthodontics. Dr. H. Milton Rode comes to us from the University of Pennsylvania, where he is the head of this department. We will have two lectures, one in the morning and one after lunch.

This year we are having a business buffet luncheon, followed by the final business session, with the installation of officers. The second part of the program by Dr. Rode will begin at 2:00 p.m. Immediately following, we will have a drawing for prizes. You will have to be present in order to win.

I extend a cordial invitation to all members of our District, and the other Districts, along with the Ladies' Auxiliary, to join with us at Durham.

Program
Third District Dental Society

JACK TAR DURHAM HOTEL, DURHAM
OCTOBER 13-15, 1962

Saturday, October 13

12:00 Noon	Registration
1:00 p.m.	Chartered buses leave hotel for football game
2:00 p.m.	Duke vs. California game
6:30 p.m.	Social Hour
7:30 p.m.	Dinner
8:30 p.m.	Dance

NOTE: The above special activity is available to all at an inclusive fee of $9.00 per person. Advance registration required. Send check to Dr. M. L. Cherry, 701 N. C. National Bank Building, Durham, N. C.

Sunday, October 14, 1962

10:00 a.m.	Golf Tournament
1:00 p.m.	Registration
2:00 p.m.	Tour of the new Dental Technicians School leaves hotel
5:30- 6:30 p.m.	Social Hour
7:00 p.m.	Banquet Invocation Entertainment
8:30 p.m.	Opening Session Call to order—Dr. M. L. Cherry, President Invocation President's Address Report of Secretary-Treasurer—Dr. T. E. Sikes, Jr. Recognition of State Officers Introduction of Visitors Presentation of New Members—Secretary Charge to New Members—Dr. Charles W. Horton, Vice President Election of Officers Announcements Adjournment

Monday, October 15, 1962

8:00 a.m.	Breakfast
8:00- 9:00 a.m.	Registration
9:00-10:00 a.m.	Table Clinics
10:30 a.m.-12:30 p.m.	"A Complete Denture Presentation in Logical Steps", Part I—Dr. H. Milton Rode, Philadelphia, Pa.
12:30- 2:00 p.m.	Business Luncheon Committee Reports Report on the President's Address Old and New Business Selection of Meeting Place Installation of New Officers Adjournment
2:30- 4:30 p.m.	"A Complete Denture Presentation in Logical Steps", Part II and "A Consideration of Partial Dentures"—Dr. H. Milton Rode, Philadelphia, Pa.
4:45 p.m.	Drawing of Prizes Adjournment sine die

Table Clinics

Monday, October 15 **9:00 a.m.**

1. **Practical Crown and Bridge Procedure,** Ludwig G. Scott, D.D.S., Burlington.
2. **Motivating the New Patient,** PBP Study Club, Robert L. Daniel, D.D.S. and John R. Wheless, D.D.S., Reidsville.
3. **Crown and Bridge for Children,** Benjamin R. Baker, D.D.S., Chapel Hill.
4. **A Few Technics That Seem to Work in My Office,** L. G. Page, D.D.S., Yanceyville.
5. **Crown and Bridge Procedure,** Baxter B. Sapp, Jr., D.D.S., Duke Medical Center.
6. **Extra-Oral X-Ray,** J. M. Stubbs, D.D.S., Rockingham.
7. **Endodontics in Primary Incisors,** L. K. Heath, D.D.S., Durham.
8. **Esthetic Temporary—Permanent Restorations for Fractured Permanent Incisors,** D. M. Getsinger, D.D.S., Durham.

Third District Essayist

H. MILTON RODE, D.D.S., F.A.C.D.
Philadelphia, Pennsylvania



Dr. Rode is a graduate of Franklin and Marshall College and the University of Pennsylvania, where he is currently Chairman of the Department of Prosthodontics. He is a Past President of the Academy of Stomatology and the Philadelphia County Dental Society. He is a Fellow of the American College of Dentists and the Greater New York Academy of Prosthodontics. He is a Consultant to the Veterans Administration Hospital and the Children's Hospital in Philadelphia, and is Assistant Chief in Prosthetics at Philadelphia General Hospital.

Dr. Rode will present in two parts a technic for complete dentures, following a logical step-by-step procedure. He will emphasize critical areas in a denture technic which lead to successful prosthesis or clinical failure.

In the last hour he will give consideration to partial denture design and its implications on the maintenance of optimum health in the remaining dental structures.

Monday, October 15 **10:30 a.m.**

A COMPLETE DENTURE PRESENTATION IN LOGICAL STEPS, PART I

Monday, October 15 **2:30 p.m.**

A COMPLETE DENTURE PRESENTATIOIN IN LOGICAL STEPS, PART II
and
A CONSIDERATION OF PARTIAL DENTURES

A Capital Program In The Capital City



C. P. Osborne, Jr., D.D.S.
President

THERE is drama to becoming forty-two and I extend to you this excitement as we celebrate our birthday September 24-25, 1962, at the Sir Walter Hotel in Raleigh. All is in readiness for your pleasure and much has been done to make this a "birthday party" you will remember.

On Monday evening at 6:00 p.m. you will find that your best friends have already taken wives or sweethearts in tow and made their way to a reception honoring our newest members and wives as well as the candidates for membership.

This is only the beginning, for our Banquet Committee has arranged a smorgasbord menu with the kinds of foods you like best. Because this method hastens serving a meal, it will not be long until you can enjoy a special program of entertainment. And then on to the dance!

Tuesday we will get to see and listen to the clever and practical methods our fellow dentists and colleagues have learned when they show their skills at the Table Clinics. A special joy will be the sessions when Colonel Robert A. Shira delivers his best words in his informative and attention-getting style. Many of you know Colonel Shira personally or through his lectures or clinics and can verify the fact that he is an outstanding clinician as well as a proven, fine oral surgeon. Those of us who planned for his visit are confident you will take to your office the things he discusses and use them in your daily practice on your patients.

Our wonderful committee chairmen and their members have prepared themselves for these two days so that your presence is all that remains. Certainly you will want to take part in this occasion!

Program
Fourth District Dental Society

FORTY-SECOND ANNUAL MEETING
SIR WALTER HOTEL, RALEIGH
SEPTEMBER 24-25, 1962

Monday, September 24

6:00 p.m.	Social Hour and presentation of candidates for membership and their wives
7:00 p.m.	Banquet Invocation—Dr. A. Warren Huyck, Pastor, First Baptist Church, Lumberton Introduction of Guests—Dr. C. P. Osborne, Jr. Introduction of Speaker—Dr. G. Fred Hale Speaker—Dr. John T. Caldwell, Chancellor, North Carolina State College "Standard of Professional Behavior"
9:30 p.m.	Dance, Joe Harper Orchestra

Tuesday, September 25

8:30 a.m.	Registration
9:00 a.m.	Opening Session Invocation—Dr. J. R. Edwards Reports of Secretary-Treasurer—Dr. L. D. Herring President's Address—Dr. C. P. Osborne, Jr. Recognition of N. C. Dental Society Officers and Guests Committee Reports Report of Necrology Committee—Dr. Marcus R. Smith Report of Membership Committee—Dr. Zyba K. Massey Election of Applicants to Membership Charge to New Members Announcements
10:30 a.m.	"Changing Concepts and Common Problems in Exodontia and Oral Surgery" — Colonel Robert B. Shira, Chief, Oral Surgery, Walter Reed General Hospital Dr. Lloyd B. Stanley, Moderator
12:00 Noon	Luncheon
1:00 p.m.	Table Clinics
2:00 p.m.	"Oral Surgical Problems in Children"—Colonel Robert B. Shira, Chief, Oral Surgery, Walter Reed General Hospital
3:30 p.m.	General Session Adjournment

Fourth District Essayist

COL. ROBERT B. SHIRA, D.C., U.S.A.
Washington, D. C.

Colonel Shira is Chief of Oral Surgery at Walter Reed General Hospital. He is a member of the Executive Council of the American Society of Oral Surgeons and a Diplomate of the American Board of Surgery. He is a Visiting Professor of Oral Surgery at the College of Physicians and Surgeons in San Francisco and Lecturer in Oral Surgery at the University of Pennsylvania. A Fellow of the American College of Dentists, he was the 1961 recipient of the "Sword of Hope Award" from the Pennsylvania Division of the American Cancer Society.



Tuesday, September 25 **10:30 a.m.**

CHANGING CONCEPTS AND COMMON PROBLEMS IN EXODONTIA AND ORAL SURGERY

Changes are evident in all phases of the practice of dentistry. This presentation will review and evaluate the changing concepts of the practice of exodontia and oral surgery. Improvements have been developed in equipment and instruments and an evaluation of these developments will be given. Newer drugs and anesthetic agents are available and their place in the modern practice of exodontia will be covered. Newer techniques and methods of treatment for the everyday problems of exodontia and oral surgery are developing and these will be discussed in detail. Some consideration will be given to the changing philosophy of the practice of oral surgery in the dental office. This presentation is designed for the general practitioner who includes surgical procedures in his practice.

Tuesday, September 25 **2:00 p.m.**

ORAL SURGICAL PROBLEMS IN CHILDREN

In this discussion Dr. Shira will cover the conditions that are particular to the child patient. It will include the problem of acute and chronic infections; the need for thorough roetgenographic examination of the child patient; the problem and treatment of impacted mesiodens; the problem created by the uneven resorption of the roots of deciduous teeth and handling of the unresorbed retained section of the root; the problem of the correct timing of removal of deciduous teeth; the surgical problem in dens in dente; ankylosed deciduous molars; the various soft tissue lesions seen in the child; oral pathological conditions as seen in

the newborn (not harelip or cleft palate); cysts and tumors seen in the child; and finally, a brief mention of some of the systemic conditions revealed in the oral cavity. It covers a much neglected field in oral surgery. The material deals more with diagnosis than technique and should prove of interest to everyone who includes children in his practice.

Table Clinics

Tuesday, September 25 **1:00 p.m.**

1. **Treatment of Oro-Antral Fistule,** F. D. Bell, D.D.S. and Jere Roe, D.D.S., Raleigh
2. **Routine Endodontic Procedures,** Thomas H. Byrd, Jr., D.D.S., Raleigh.
3. **A Byte Opening Technique,** Lt. Col. Robert I. Cochran, (D.C.) Ft. Bragg.
4. **Inlay Technique,** Sanford W. Thompson, III, D.D.S., Raleigh.
5. **Restoration of Fractured Anterior Teeth,** J. Malcolm McAllister, D.D.S., Raleigh.
6. **Technique for Non-Vital Pulpotomy,** J. R. Edwards, Sr., D.D.S., Fuquay Springs.
7. **Endodontia With Periapical Curettage,** C. Burkhead Ledbetter, D.D.S., Raleigh.
8. **Prosthesis Construction Following Radical Surgery,** L. D. Herring, D.D.S., Raleigh.
9. **Why X-Rays?,** Darwin W. McCaffity, D.D.S. and J. Fred Sproul, D.D.S., Raleigh.

Fifth District Invites You To The Surf Club



R. B. Barden, D.D.S.
President

COLONEL ROBERT B. SHIRA (DC) U. S. Army will be the featured speaker at the annual meeting of the Fifth District Dental Society September 23rd & 24th. The meeting will be held at the Surf Club, Wrightsville Beach. Col. Shira, I am sure, needs no introduction. We all know him as a prominent figure in dentistry, particularly in the field of Oral Surgery, and very much in demand. We feel fortunate indeed in having him with us this year. In addition to his formal presentation, we are making arrangements to have him available for individual consultation and discussion of personal problems. I am sure all of us will benefit by hearing him.

We are also fortunate, thanks to R. A. Daniel, Chairman of the Civil Defense Committee, to have another outstanding speaker on a very timely subject. Capt. Syrus E. Tande (DC) U. S. Navy, head of the Audio-Visual Department, Naval Dental School at the National Naval Medical Center, Bethesda, Maryland, will speak to us Monday afternoon on Mass Casualty Care. Your officers feel that we are somewhat delinquent in our preparedness for the obligation we must assume in case of disaster, and that this is a step to acquaint ourselves with our responsibilities. This should be most interesting.

In addition to the foregoing, we can also look forward to the ever popular table clinics. This year Grover Smith and his committee have produced a variety of clinics, that will prove to be most interesting as you can see by the following program outline.

In order to afford more time for the scientific portion of our meeting on Monday, we plan again to have our first General Session on Sun-

day evening following the banquet. This makes it most important that you come down and register Sunday. Sunday night, as usual, will be the time for us to get together socially and enjoy fellowship, good food, and the lighter side of our activities. Arrangements are being made so that you can enjoy your choice of golf, fishing, bowling, sightseeing, or just plain relaxing on the beach. Arrangements also are being made for the Auxiliary, their meetings, and entertainment, so don't fail to plan a long, enjoyable and profitable weekend at Wrightsville Beach.

Last, but not by any means least, I would like to direct a special paragraph to the state officers and the entire state membership. We are looking forward to having as many as can possibly come and meet with us for an enjoyable and informative weekend.

Remember, your District meeting is important to you, your patients, and the future of dentistry. This is the grass roots level, which is probably the most important facet of organized dentistry. We cannot help our profession without participating in its organizational functions. I urge you to make arrangements now to attend your District meeting and reap benefits for yourself and in doing so, contribute to our fine profession.

Table Clinics

Monday, September 24 **1:30 p.m.**

1. **Preventative Periodontics,** Sidney V. Allen, D.D.S., Wilmington.
2. **Full Mouth Rehabilitation,** Britton F. Beasley, D.D.S., Kinston.
3. **Orthodontics,** Raymond C. Whitehurst, D.D.S., Wilson, and Ledyard E. Ross, D.D.S., Greenville.
4. **Oral Surgery,** Capt. J. Marvel, (DC) USN, Camp LeJeune.

Program
Fifth District Dental Society

SURF CLUB, WRIGHTSVILLE BEACH
SEPTEMBER 23-24, 1962

Sunday, September 23

1:00 p.m.	Golf — Fishing — Bowling — Beach Recreation
3:00 p.m.	Registration—Surf Club, Wrightsville Beach
3:00 p.m.	Last Meeting Executive Committee Committee Reports 1. Arrangements 2. Table Clinics 3. Necrology 4. Membership
6:00 p.m.	Fellowship Hour, Surf Club
7:00 p.m.	Banquet, Surf Club Master of Ceremonies—Dr. E. S. Jewell Invocation—The Reverend Hunley A. Elebash Address of Welcome—Mayor Lawrence C. Rose Response to Welcome—Dr. George L. Edwards, Jr. Introduction of Guests Announcements
8:30 p.m.	General Session Call to Order—Dr. R. B. Barden, President Invocation Necrology Service—Dr. Dewey Boseman Minutes of Last Meeting and Secretary-Treasurer's Report—Dr. W. L. Hand, Jr. President's Address—Dr. R. B. Barden Presentation of New Members—Dr. J. L. Cox Nominating Committee Report Recognition of State Officers Election of Officers

Monday, September 24

8:30 a.m.	Registration, Surf Club
9:00-10:30 a.m.	"Changing Concepts and Common Problems in Exodontia and Oral Surgery" — Colonel Robert B. Shira, Chief, Oral Surgery, Walter Reed General Hospital
10:30-10:45 a.m.	Fifteen Minute Break
10:45-12:00 Noon	"Oral Surgical Problems in Children" — Colonel Robert B. Shira, Chief, Oral Surgery, Walter Reed General Hospital
12:30- 1:30 p.m.	Lunch, Surf Club
1:30- 2:30 p.m.	Informal Consultation—Colonel Robert B. Shira, Chief, Oral Surgery, Walter Reed General Hospital
1:30- 2:30 p.m.	Table Clinics
2:30- 3:30 p.m.	"Mass Casualty Care" — Captain S. E. Tande. (DC) USN, Bethesda, Maryland
3:30 p.m.	Final Business Session Committee Reports Report on President's Address New Business Installation of Officers Adjournment Drawing of Grand Prizes

Fifth District Essayists

COL. ROBERT B. SHIRA, D. C., U.S.A.
Washington, D. C.



Colonel Shira, Chief of Oral Surgery at Walter Reed General Hospital, is a member of the American Academy of Oral Pathology, the Executive Council of the American Society of Oral Surgeons, and a Diplomate of the American Board of Oral Surgery. He is Associate Editor of the Journal of Oral Surgery Anesthesia and Hospital Dental Service and a Fellow of the American College of Dentists. In 1962 he received the "Man of the Year Award" from the University of Kansas City.

Monday, September 24 **9:00 a.m.**

CHANGING CONCEPTS AND COMMON PROBLEMS IN EXODONTIA AND ORAL SURGERY

Changes are evident in all phases of the practice of dentistry. This presentation will review and evaluate the changing concepts of the practice of exodontia and oral surgery. Improvements have been developed in equipment and instruments and an evaluation of these developments will be given. Newer drugs and anesthetic agents are available and their place in the modern practice of exodontia will be covered. Newer techniques and methods of treatment for the everyday problems of exodontia and oral surgery are developing and these will be discussed in detail. Some consideration will be given to the changing philosophy of the practice of oral surgery in the dental office. This presentation is designed for the general practitioner who includes surgical procedures in his practice.

Monday, September 24 **10:45 a.m.**

ORAL SURGICAL PROBLEMS IN CHILDREN

In this discussion Dr. Shira will cover the conditions that are particular to the child patient. It will include the problem of acute and chronic infections; the need for thorough roetgenographic examination of the child patient; the problem and treatment of impacted mesiodens; the problem created by the uneven resorption of the roots of deciduous teeth and handling of the unresorbed retained section of the root; the problem of the correct timing of removal of deciduous teeth; the surgical problem in dens in dente; ankylosed deciduous molars; the various soft tissue lesions seen in the child; oral pathological conditions as seen in

the newborn (not harelip or cleft palate); cysts and tumors seen in the child; and finally, a brief mention of some of the systemic conditions revealed in the oral cavity. It covers a much neglected field in oral surgery. The material deals more with diagnosis than technique and should prove of interest to everyone who includes children in his practice.

CAPT. SYRUS E. TANDE, D.C., U.S.N.
Bethesda, Maryland



Capt. Tande heads the Audio-Visual Department at the U. S. Naval Dental School. He was formerly Director of Training at the U. S. Naval Dental Technicians School, San Diego, California.

A graduate of St. Olaf College and the University of Minnesota, he is a Fellow of the American College of Dentists.

Monday, September 24 **2:30 p.m.**

MASS CASUALTY CARE

General News

Dr. Alford Candidate For Vice President

Dr. Frank O. Alford of Charlotte will be a candidate for Second Vice President of the American Dental Association when it meets in Miami Beach this fall. His candidacy was endorsed by the 1962 House of Delegates of the North Carolina Dental Society in the following resolution:

"Resolved, that the House of Delegates of the North Carolina Dental Society hereby publicly recognize and commend the outstanding qualities of leadership and devotion to his profession exemplified by Dr. Frank O. Alford through his many years of service in organized dentistry, and that this House go on record as supporting the candidacy of Dr. Alford for Second Vice President of the American Dental Association. And be it further

"Resolved, that this House of Delegates of the North Carolina Dental Society hereby instruct the delegates from our Society to the next annual session of the American Dental Association, to seek and support actively the candidacy of Dr. Alford for Second Vice President of the American Dental Association."



DR. ALFORD

In addition to virtually all offices and important committees of local and state societies, Dr. Alford has served as: President of the Emory University Alumni Association; Secretary of the North Carolina State Board of Dental Examiners; Secretary-Treasurer of the North Carolina Dental Society; and President of the North Carolina Dental Society (1939-40).

Since 1955 Dr. Alford has been a delegate from North Carolina to

the American Dental Association. This summer he was a delegate to the International Dental Congress in Cologne, Germany.

He was graduated summa cum laude from Atlanta Southern Dental College in 1927 and has been engaged in general practice in Charlotte since 1928.

In announcing the candidacy of Dr. Alford to A.D.A. Delegates from other constituent societies, Dr. Dennis S. Cook, Secretary of the North Carolina Dental Society, had this to say:

"Dr. Alford is unusually well qualified and deserving in every respect to represent the dental profession for America through the American Dental Association in this capacity. This fact is well known by most of the more active members of the American Dental Association and members of the profession on all levels.

"His ability, past and present services, good character and integrity, coupled with a dedicated life to dentistry will truly be a valuable asset to the American Dental Association and all citizens who profit so much by the existence of our association."

Not since Dr. Clyde E. Minges served as President of the American Dental Association 1948-49, has a North Carolinian held a major office in the Association.

Dr. Jones Named Delegate

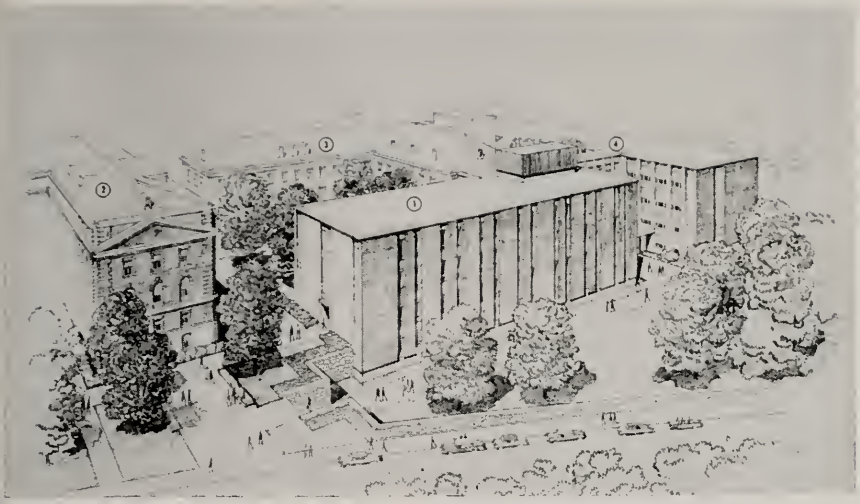
Dr. Paul E. Jones of Farmville will fill in the unexpired term of the late Dr. R. Fred Hunt of Rocky Mount as a delegate to the American Dental Association. Dr. Jones served as a representative of North Carolina to the national association from 1931 to 1960.



DR. JONES

The Executive Committee named Dr. Jones at its meeting in Raleigh June 30. A 1962 amendment to the Constitution and Bylaws provided that "In case of death or resignation of an elected delegate or alternate delegate to the American Dental Association, the Executive Committee shall have the authority to fill the vacancy, provided the vacancy occurs after the annual meeting of this Society and before the annual meeting of the American Dental Association. The delegate or alternate delegate so appointed by the Executive Committee shall serve until the next annual meeting of this Society."

Under this provision, Dr. Jones will serve as a delegate until May 1963.



Proposed Dental Science Research Building

UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL

1. Dental Science Research Building 2. Basic Science Building 3. Present School of Dentistry
4. Proposed Addition to School of Dentistry

Contracts Let for Research Center

A total of $325,000 in cash and pledges have been raised by the Dental Foundation of North Carolina in its campaign for a half million dollars to construct a Dental Research Center adjacent to the School of Dentistry on the campus of the University of North Carolina.

Dr. Riley E. Spoon, Jr., of Winston-Salem is general chairman of the drive.

The total cost of the Center will be one million dollars. Half the funds will be made available through Federal sources on a dollar-for-dollar matching basis.

Dr. John C. Brauer, Dean of the UNC School of Dentistry has announced that formal contracts have been let for definitive drawings by the architects. A progress report of the campaign will be made to the profession this fall by Dean Brauer.

The Center will make possible the study and evaluation of dental diseases, their causes and prevention, in the young, the aged, and the handicapped. It will house facilities for seeking and testing new materials, equipment, instruments, office designs, and clinical procedures. It will provide a more adequate dental and general health

service to all people and contribute to the total knowledge in the basic and clinical sciences.

The Foundation continues to seek funds and Dr. Spoon has urged members of the dental profession to support the project by sending in their pledges and contributions.

Dental Technicians Begin Classes in Durham

Forrest D. Wirt assumed his duties August 1 as Director of the Dental Technician's Training Program at the Industrial Education Center in Durham.

The two-year course for dental laboratory technicians began September 4 with its initial class of 20. It constitutes the first non-commercial school of its type in the South and the seventh in the United States.

The program was endorsed by the N.C.D.S. House of Delegates in 1960 as a means of relieving laboratories of the expensive and time-consuming burden of training young men on-the-job and of furnishing a source of well-trained technicians.

Mr. Wirt was Director of the Dental Technician's Department of the Elkhart University of Medical and Dental Technic, a private school in Elkhart, Indiana. He is 57 years old and has spent 33 years in the dental laboratory trade, including teaching experience.

He is a native of Indianapolis and began his career as a stock boy in the School of Dentistry at Indiana University and worked his way up to a technician. He subsequently opened a laboratory of his own. During World War II he served as a dental laboratory technician at a Veterans Administration Hospital in Indiana. In 1947 he began his teaching duties at the Elkhart University of Medical and Dental Technic. In 1952 he again operated a laboratory of his own in which he employed six technicians, but in 1956 he returned to the Elkhart school.

In announcing the appointment of Mr. Wirt, Mr. H. K. Collins, Director of Vocational Training in the Durham City Schools said "Mr. Wirt comes to us highly recommended and I feel we are fortunate to get him."

Equipment for the program was installed during the summer months in space especially designed to accommodate this program.

The course is open to qualified high school graduates and the curriculum was carefully planned to meet certification requirements of the Council on Dental Education of the American Dental Association.

Five dentists and two laboratory men were appointed by the Durham School Board to a Committee of Consultants on the program. They are: Drs. Roger E. Barton and David P. Dobson of the UNC School of Dentistry; Dr. Luther H. Butler of Greensboro; Drs. T. L. Dixon and Norman F. Ross of Durham; Mr. Fred Noble of Raleigh; and Mr. Charles Eure of Durham. The committee elected Dr. Barton as its chairman.

Scrap Amalgam Drive Is On

Plans for the 1963 Scrap Amalgam Drive by the Dental Auxiliary have been revealed by Mrs. Roy A. Miller, Jr., of New Bern, Chairman of the current drive.

The goal for this year's campaign for funds for the Dental Society's

Relief Fund is $3,000. Mrs. Miller emphasized that the cooperation of all members will be necessary for the Auxiliary to attain this goal and urged the doctors to save their scrap amalgam throughout the entire year.

Members of the Auxiliary will be on hand at all the District meetings to collect scrap amalgam. This will be the kick-off of the '63 campaign for funds to help dentists and their dependents in time of need. Members are requested to bring their scrap amalgam to their District meetings in order for the drive to get a good head-start.

As usual, an office-to-office collection of scrap amalgam by the Auxiliary, with the help of dental supply houses, will be conducted the week of March 4-9, 1963. A final report on the drive will be made at the annual meeting of the Society in May.

In order to create interest and support, the State Dental Auxiliary will award a silver cup to the district which collects the most scrap.

Besides Mrs. Miller, other members of the Auxiliary's Scrap Amalgam Committee are: First District, Mrs. R. C. Rhea, Canton; Second District, Mrs. Martin D. Barringer, Charlotte; Third District, Mrs. W. T. Burns, Chapel Hill; Fourth District, Mrs. Tom Fetzer, Raleigh; and Fifth District, Mrs. T. S. Fleming, Tarboro.

New Formulary Ready

The Second Edition of the North Carolina Dental Formulary is now available. Members who purchased the first edition can obtain free of charge their copies of the new edition in filler form by writing the Central Office. The filler will fit the binder provided with the initial edition.

The complete second edition, including a binder, will sell for $3 per copy and will be offered to members at a special price of $1.50 per copy.

Dr. Charles M. Westrick, Chairman of the Dental Formulary Committee, points out that the second edition is a complete revision of the initial publication released in 1958. It is indexed for easy use and includes all new drugs, sample prescriptions, and latest technics for mouth-to-mouth resuscitation and closed chest cardiac massage.

The publication is a joint project of the North Carolina Dental Society and the North Carolina Pharmaceutical Association.

12 ADA Life Memberships

Twelve North Carolinians have qualified for Life Membership in the American Dental Association and their names will be submitted for approval to the ADA House of Delegates when it meets in Miami Beach October 29 to November 1.

A member who attains the age of 65 and who has been a member in good standing for 35 years is eligible for this honor.

North Carolina dentists who will be awarded ADA Life Memberships this fall are: Drs. Claude A. Adams, Jr., Durham; Charles A. Blackburn, Winston - Salem; Joseph K. Bryan, Apex; Amos S. Bumgardner, Charlotte; Lyman L. Duley, Goldsboro; Samuel C. Duncan, Monroe; Oliver P. Lewis, Kings Mountain; Moulton B. Massey, Greenville; Jessie Z. Moreland,

Highlands; Willis E. Murphrey, Roanoke Rapids; Grady L. Ross, Charlotte; and Robert L. Underwood, Greensboro.

21 C.D.T.'s in North Carolina

Twenty-one North Carolina dental technicians are among the 4,289 Certified Dental Technicians on the official roster published in July 1962 by the National Board for Certification. The program has been in operation since 1955.

A dental technician may apply for certification in any of the following areas: generalist in dental laboratory technology; dental laboratory technician in full denture, partial denture, crown and bridge, and ceramics. Examinations in these areas are conducted by the National Board for Certification. The applicant must submit evidence of satisfactory moral and ethical standing in the dental laboratory craft and be a citizen of the United States.

Until December 31, 1963 applicants may qualify if they: (1) Submit evidence of ten or more years experience in the field of dental laboratory technology or five years experience plus satisfactory completion of a two year course in dental laboratory technology accredited by the American Dental Association; (2) Secure a satisfactory grade on an examination limited to the history, ethics, jurisprudence, and nomenclature for the dental laboratory field; and (3) Secure a satisfactory grade on an examination in one or more of the areas of specialization listed above.

North Carolinians who are qualified as Certified Dental Technicians include: Edward G. Apple, Burlington; Morris H. Buckner, Asheville; George D. Clark, Henderson; Stanley T. Cottrell, Reidsville; Charles D. Dickson, Waynesville; William H. Ferguson, Asheville; E. Worth Frink, Asheville; James M. Gardner, Charlotte; Allan F. Hancock, Burlington; F. Tryon Horton, Raleigh; Clarence M. Hurst, Winston-Salem; Bona W. Jones, Charlotte; Robert L. Jones, Jr., Reidsville; William C. Keys, Asheville; Robert B. McAdams, Durham; Glandon E. Moon, Goldsboro; Colbert G. Renfroe, Charlotte; Charles E. Spake, Statesville; George H. Wellman, Salisbury; Herbert H. Wellman, Concord; and George L. Wellman, Chapel Hill.

58 Dentists Licensed

Fifty-eight dentists and 15 dental hygienists were licensed to practice in North Carolina by the North Carolina State Board of Dental Examiners as a result of examinations conducted in Chapel Hill the week of June 25.

A total of 72 applicants for a dental license were examined.

Of the 58 dentists who successfully completed their examinations, 24 indicated they would enter the armed forces immediately to complete their military obligations. Licensed as dentists were:

C. B. Jones, Jr., Elizabeth City
A. S. Goodman, Charlotte
D. P. Whited, Charlottesville, Va.
S. D. Nash, Winston-Salem
R. C. Setzler, Jr., Albemarle
R. B. Whitehead, New Bern
L. McK. Maus, Baltimore, Md.
N. C. Hall, Vallejo, Calif.
R. P. Hagaman, Lenoir
D. S. Cook, Jr., Lenoir
H. Peck, Durham

B. K. Wicker, McCain
W. H. Gwynn, Yanceyville
W. H. Snider, Hillsboro
W. A. Willis, Jacksonville
C. F. Robinson, Charlotte
G. F. Daniel, Spindale
J. V. Bebber, Chapel Hill
G. T. Taylor, Havelock
H. C. Jurney, Elkin
C. W. Drake, Chapel Hill
R. B. Dalton, Winston-Salem
R. S. High, Raleigh
E. B. Bass, Jr., Durham
D. L. Marbry, Badin
E. W. Lawrence, Jr., Chapel Hill
B. A. Gustafson, Chapel Hill
A. H. Duncan, Roanoke Rapids
H. E. Sutphin, Chapel Hill
J. E. Andrews, Baltimore, Md.
J. S. Brauer, Chapel Hill
R. L. Hotzbach, Newport News, Va.
H. W. Rogers, Jr., Mooresville
G. E. Mayo, III, Fremont
E. L. Petit, Carrboro
J. D. Stewart, Hillsboro
R. L. Mayberry, Gastonia
H. R. Jackson, Raleigh
D. F. Jackson, Raleigh
J. T. H. Buford, Chapel Hill
C. B. Reed, Sylva
R. E. Thomas, Ramseur
W. M. Herring, Itasca, Ill.
R. C. Miles, Charlotte
G. R. Upchurch, Jacksonville
J. F. Laton, Kaneohe, Hawaii
W. H. Lewis, Jr., Draper
C. M. Hatchett, Jr., Chattanooga, Tenn.
D. L. Ashworth, Durham
J. W. Sowers, High Point
J. C. Culbreath, Jr., Chapel Hill
C. W. Tulloch, Aberdeen
J. S. Hoard, III, Tarboro
J. R. Shell, Chapel Hill
H. V. Pittman, Jr., Memphis, Tenn.
H. C. Bowens, Washington, D. C.
P. Maus, Jr., Carrboro
T. A. Mack, Darlington, S. C.

Licensed as dental hygienists were:

Sally S. King, Charlotte
Louise M. Judd, Fayetteville
Sandra M. Foster, North Wilkesboro
Ilene W. Gunter, Hamlet
Pamela A. Decker, Plymouth, Mich.
Virginia H. Stewart, Greenville, S. C.
Anna I. Swann, Tryon
Christine R. Olsen, Jacksonville Beach, Fla.
Mary H. Pfaff, Winston-Salem
Charlotte L. Groome, Greensboro
Judy L. Goble, Lenoir
Lynora M. Wise, Ahoskie
Sally S. McDonald, Tarawa Terrace
Emily J. Howell, Roanoke Rapids
Katherine R. Dunn, Roanoke Rapids

District Officers to Meet in Pinehurst

The Tenth Annual District Officers' Conference will be held at The Carolina in Pinehurst December 8-9, 1962. Announcement of the dates for the meeting was made by Dr. C. W. Poindexter of Greensboro, President of the Conference. He added that details of the program will be made at a later date.

Other officers of the Conference are: Dr. James E. Graham, Jr., of Charlotte, Vice President; and Dr. L. D. Herring of Raleigh, Secretary.

Complaint Filed Against Georgia Dental Societies

The Georgia Dental Association and a component, the Northern District Dental Society, were among the defendants named in a complaint filed in U. S. District Court in Atlanta June 19 by eight persons, including a Negro dentist and a Negro physician.

The complaint alleges that the dental societies are refusing membership to Negro dentists on the basis of race. A similar charge is made against the Medical Society of Georgia and one of its components, the Fulton County Medical Society.

Other defendants named in the suit were the Fulton-Dekalb Hospital Authority and the Grady Memorial Hospital.

The complaint alleges that Grady Memorial Hospital is denying the use of its facilities to Negro dentists, physicians and students on the basis of race and is denying the admission of Negro patients for the same reason.

On July 18 attorneys for the Georgia Dental Association and the Northern District Dental Society filed a motion to dismiss action against them because the court lacks jurisdiction and the complaint fails to allege that anyone of the plaintiffs is qualified for membership in the societies.

Obituaries

Dr. Andrew D. Abernethy, 73, of Granite Falls, a Life Member of the North Carolina Dental Society, the American Dental Association and the First District, died April 7, 1962.

Dr. Charles C. Bennett, 71, of Asheville, a Life Member of the North Carolina Dental Society, the American Dental Association and the First District, died March 31, 1962.

Dr. David W. Holcomb, Sr., 64, of Winston-Salem, a State Life Member of the Second District, died May 18, 1962.

Dr. R. Fred Hunt, 60, of Rocky Mount, a Past President of the North Carolina Dental Society and a State Life Member of the Fifth District, died May 10, 1962.

Dr. Wilbur N. Scruggs, 70, of Charlotte, a member of the Second District, died November 22, 1961.

Dr. Hubert A. Todd, 50, of Whiteville, a member of the Fourth District, died July 14, 1962.

Dr. Carlyle D. Wheeler, 62, of Salisbury, a member of the Second District, died June 10, 1962.

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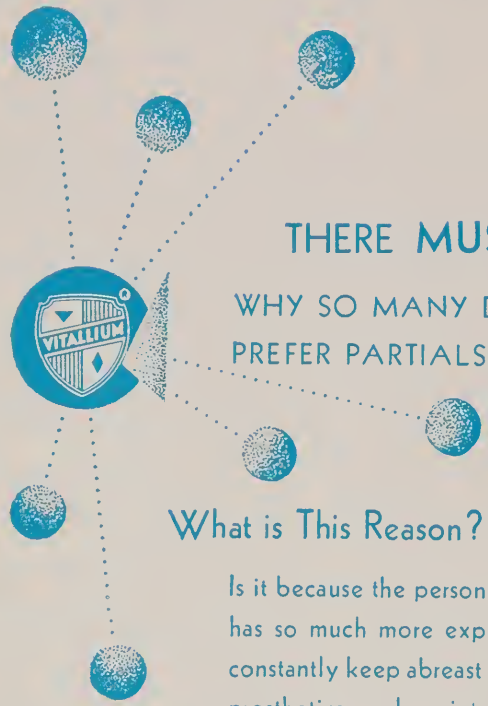
JANUARY, 1963 VOL. 46, NO. 2

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THE JOURNAL
of
The North Carolina Dental Society

(A Constituent of the American Dental Association)

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1962-1963

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This issue is sincerely dedicated to



C. Z. Candler, Jr., D.D.S.
Asheville, North Carolina

Born in Sylva, North Carolin . . . Educated in Sylva Publi Schools and St. Louis Universit . . . Received his D.D.S. Degre from Atlanta-Southern Dental Co lege in 1940.

Has practiced in Asheville sinc graduation from dental school . . Has served his profession and com munity as . . . Secretary-Treasure and President of the First Distri Dental Society . . . President of th Buncombe County Dental Societ . . . Dental member of the Bur combe County Board of Health . . A Director of the Asheville Chan ber of Commerce.

Dr. Candler attends Grace Cov nant Presbyterian Church . . . is Shriner . . . and a member of Del Sigma Delta.

A friend and counselor . . . a mired . . . respected. . . trusted.



The President's Page

IN ORDER THAT YOU may be kept up-to-date on recent developments in the A.D.A., I want to call your attention to the editorial entitled "Membership of Negroes in the American Dental Association" which appears on page 819 in the December 1962 issue of the *Journal of the American Dental Association.*

At its meeting in Miami Beach, the House of Delegates adopted an amendment to the A.D.A.'s Bylaws which gave the House "the power by 2/3 majority to suspend the representation of a constituent society in the House of Delegates upon a determination by the House that the Bylaws of the constituent society violate the *Constitution* or *Bylaws* of this Association, providing, however, such suspension shall not be in effect until the House of Delegates has voted that the constituent society is in violation and has one year after notification of specific violation in which to correct its constitution or bylaws."

A.D.A. President Gerald Timmons has called a special meeting on January 7, 1963 at New Orleans of the officers of thirteen southern states, including: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and West Virginia. These officers are to meet with A.D.A. officers and trustees to discuss the general areas of possible conflict and to suggest ways and means for removing them.

At a recent meeting of the Society's Executive Committee, our officers were authorized to attend this meeting. Also, after discussing this with Dr. Frank O. Alford, Chairman of the North Carolina Delegates to the A.D.A., Dr. Alford and Dr. Paul E. Jones plan to attend with us. We are also keeping our attorneys informed of these developments.

At the caucus of the Fifth District in Miami Beach, October 31, 1962, there were at least two plans discussed relative to this problem. Georgia proposed that direct memberships in the A.D.A. be made available. Dr. Harry Lyons of Virginia indicated his society would at least consider the formation of two societies.

Texas, which is one of the southern states invited to the New Orleans conference, has expressed itself on the matter in a letter from its secretary to Dr. Harold Hillenbrand, A.D.A. Secretary. The letter said, "this problem cannot be solved by force, be it military, political or threat of reprisal."

I feel sure that many of the other southern states, as well as North Carolina, will have some ideas to offer in the discussion.

Edgar D. Baker, D.D.S.

Editorials

YOUR JANUARY JOURNAL

The North Carolina Dental Society is deeply indebted to the University of North Carolina School of Dentistry for the greater part of this issue. We thank all from the University who have taken time from their regular teaching schedule to share their knowledge. It is with a great deal of pride that we point to an institution of higher learning directly in our midst. From the beginning of time all generations have respected the learned.

Two additional papers also appear in this issue. Dr. Miller has just returned from Peru and his comments on the trip are very timely. With Children's Dental Health Week just around the corner, Dr. Sheffield's remarks are also timely and important. Our dental society is indebted to all dentists who have contributed to their JOURNAL in such a way that their thoughts and ideas will forever be recorded for posterity.

C.C.D.

PUBLIC IMAGE OF DENTISTRY: MATURATION OF PROFESSION

Almost any individual in high school, with average digital skills and average intelligence, can be taught how to prepare an acceptable Class II or any other cavity preparation in a vital tooth, and he can complete the restoration technically with skills equal to the average dentist. In reality, there are fine jewelers and other craftsmen who can be taught easily to make the finest restorations, the most beautiful orthodontic appliances, and compete with the most skilled in dentistry. However, dentistry with its professional interests and responsibilities implies far more than the ability to perform a technical skill.

The dentist today, and in the foreseeable future, must be an excel-

lent technician. In addition, he must have a substantial background of knowledge and understanding in the basic, clinical, as well as social sciences, and be able to apply this information effectively in a particular operative or restorative procedure. Furthermore, legally, ethically, professionally, and morally, the dentist who would wear the cloak of a true and honest professional man or woman, must be a sincere and continuous student of the basic, social, and clinical sciences. In other words, a dentist who is not providing his patients with today's available knowledge and skills in diagnosis, prognosis, treatment planning, and treatment, whether preventive or corrective, has been something less than fair to his patients — his profession — himself — and his God.

This latter comment implies far more than going to meetings to listen to a lecture or to see a series of table clinics. While the latter sources of information provide some direction as well as inspiration, and such meetings are essential for many reasons, continuous study in depth of selected material in scientific publications is warranted. In addition to the study of select literature, attendance at one or more short postgraduate courses each year, where a particular subject area (oral surgery, oral pathology, periodontology, pedodontics, prosthodontics, etc.) is pursued intensively, generally is rewarding.

The knowledge and skills, available to the practice of dentistry 20 or 10 years ago, are no longer adequate as applied to diagnosis and treatment as well as other patient services. This does not mean that certain basic principles of cavity preparation, medication, and restorative procedures of 10, 20, 30 or more years ago are not acceptable today, but it does imply that considerable additional factual knowledge has been realized through research from various sources, for the best interests of our patients and the immediate health of people at all levels of society.

Perhaps, it would be interesting, significant, and meaningful, to have a scientific survey of the public at large, to determine the *status of dentistry as a profession* as viewed by the public. What image have we created in our present stage of maturity as a profession? What is the intended pattern or image we in dentistry are seeking 5-10-20 years hence? What has motivated some members of our profession to submit resolutions on a convention floor to request — so and so — to call us a doctor rather than a dentist? Why are members of our profession so frequently referred to in conversation, in public addresses, and in the literature, as the dentist and the doctor (physician)? Is it that our profession within its ranks, still has an appreciable number who are interested and identified largely with technical skills and mechanics?

The answer to the latter question is "yes." Unfortunately, the same is true in the profession of medicine and in other professions, where a certain percentage of the membership are living and satisfied with the past.

Professional stature for dentistry, as a true health science, at a level intended and desired by our profession, cannot be achieved or realized by resolutions at meetings, by wishful thinking, by membership in clubs or organizations, or

by living in a fashionable community. The professional and scientific image desired and intended by the profession of dentistry, beyond our present level, *must be earned.* This image is not for sale, and only performance, i.e., "living-the-part" will create a professional stature which is unquestioned by others.

It is for the latter cited reasons, and many others, that the *Dental Research Center* assumes such great importance and significance now and in the years ahead. It is the medium — the finest and surest — through which further maturation of our great profession can be realized. The Dental Research Center is destined to contribute to the total knowledge and skills of dentistry and the other health professions, wherein such findings then will receive application to permit a greater health service to people everywhere. The professional stature of dentistry thereby will continue to rise, and with it the image each of us desires from the public. It is ours to earn!

Yes, the Dental Research Building is to be a reality. The profession owes much to: many of its loyal and faithful members of the North Carolina Dental Society and others throughout the country; the various dental auxiliary societies; the University of North Carolina Chancellor William B. Aycock; Dr. Henry T. Clark, Jr., Administrator of the Division of Health Affairs; others in the University and State Administration; our friends in the dental supply companies, dental manufacturers, and dental laboratories; and other personal friends of dentistry.

Will your name be listed on the Honor Roll, on the day of dedication of the Dental Science Research Center? It should be there. A contribution or pledge still is welcomed. The profession is destined to move ahead, and the all important question remains, now and in the years ahead — Where were you when the bell tolled? Will you be classified a giver or a receiver?

JOHN C. BRAUER, D.D.S.

Meet the Authors

Three members of the U.N.C. School of Dentistry faculty are contributors to this issue.



DR. BARTON

ROGER E. BARTON ("The Beginning of a Rewarding Career") is Associate Professor of Operative Dentistry, Faculty Clinical Supervisor of the Dental Assistant Training Program and General Supervisor of Dental Assistant Utilization Program. He is a 1945 graduate of the University of Pennsylvania School of Dentistry.



DR. McFALL

WALTER T. McFALL, JR. ("Diagnosis of Periodontal Lesion") is Assistant Professor of Periodontics. He is a native North Carolinian, was graduated from U.N.C. School of Dentistry in 1958, and received an M.S.D. Degree in Periodontics from the University of Washington School of Dentistry in 1961.



DR. SOCKWELL

CLARENCE L. SOCKWELL ("Belt Driven Super Speed Equipment") is Associate Professor of Operative Dentistry. He was born in North Carolina and has been on the dental faculty at Chapel Hill since he was graduated from Emory University School of Dentistry in 1952.

The Beginning of a Rewarding Career

Presented at the graduation exercises of the 1962 Dental Assistant Class, Burlington Industrial Education Center

Roger E. Barton, D.D.S.*

There was a time, and this is still practiced by some dentists, when office personnel were selected on the basis of glamor and the shape of the package. These qualities are not to be overlooked completely, but the progressive employer now emphasizes intelligence, ability and sincerity, in the true meaning of the word, when selecting a dental assistant. With this in mind, formal training cannot be overemphasized, because the opportunity for employment in the better positions in the better practices is increased many fold.

This brings to light several interesting facts, the first of which concerns formally trained chairside assistants. It is common knowledge that surveys have been conducted and conferences scheduled on the question of dental manpower. The almost unanimous conclusion is that a dental manpower problem exists now and is destined to grow progressively worse in the future without the expressed help of dental auxiliaries. This indicates that the demand for dental assistants will be increasing, and, also, that the responsibilities of the dental assistant will, likewise, be increasing.

One approach to the manpower problem has been the instigation of courses in dental schools to teach the dental student how to work with a chairside assistant and what benefits can be derived from such a "team" operation. This situation will not only create a demand for more dental assistants, but much of this demand will be for assistants with formal training. As more of these young dentists experience the advantages of a trained assistant, "the word will spread" and the demand will increase.

The second point of interest is that no sound thinking dentist will deny that the assistant is a prime factor in the building or decline of a dental practice. Who has the very first contact with the patient? Who makes the first personal overture to

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the patient in the office? Who provides comfort and assurance to apprehensive or hurting patients? Who makes financial arrangements and has the last word with the patient as he leaves the office? The answer to all these questions should be obvious, the dental assistant. Do you really ever stop and give serious thought to what a tremendous amount of good can be accomplished in these situations or what a damaging effect can be created? In reality, the assistant is the "front man," the salesman, or saleswoman if you prefer, for the entire practice. She creates the atmosphere under which the entire office is operated. It is a grave responsibility, and one that requires considerable effort to accomplish satisfactorily. This is a quality that cannot easily be spelled out. There are guides such as pleasant telephone voice, cordial waiting room manner, cleanliness of clothes and self, neatness of surroundings, expressed interest in the patients' welfare, etc., but more than this is involved. This is where the sincere attributes are personified.

The assistant must never overlook the fact that the patients are human beings usually in distress for one or more reasons upon their visits to the dental office. This distress is not always from pain. The dental assistant can play a tremendous part in allaying this situation while the patient is present in the office. It requires skill and tact best obtained through thoughtfulness as well as experience. Be pleasant, show genuine concern, and assure the patients that everything will be done in their best interest by the most competent dentist they could find.

One fact that seems to be very rarely recognized by the patients or assistants is that the dentist is also a human being. He is subject to moods and periods of excessive stress and tension. Still he is confronted with the health and well-being of each and every one of his patients. The competent assistant can easily help her employer over, around, or through many of the trying moments or unpleasantnesses encountered in a dental practice with a few tactful words or actions. There are times when things go wrong that may strain, somewhat, the dentist-patient relationship. The efficient assistant should quickly renew the patient's faith in the dentist and confidence in himself. The assistant who can deal properly with the moods and tensions of her employer is a priceless asset to any dental practice.

The third issue is who trains whom? The answer to this depends upon who is doing the talking. The dentist will say he trains the assistant, and many assistants will tell you they train the dentist. There is no need for this to be a one-sided proposition. A formally trained assistant has an excellent opportunity to inform her employer of methods of increasing the efficiency of different operations and procedures in the office. However, the inherent ability of the female to impose her notions on the male without his awareness should be practiced in this respect. Initially you will find that sometimes your employer's increased efficiency will be attributed to his ability to teach you and your tremendous ability to comprehend. Then the time will eventually come when you are away, and he

nds himself unable to accomplish hat he used to do before you were red, and he feels like he is in range surroundings and is almost tally lost. This often lights the ame of truth.

Opportunities in dental assisting e the next point that should be viewed. As you well realize, the ivate dental office is not the only vailable place of employment. Pri- te health institutions often em- oy dental assistants. Government gencies such as the Veterans Ad- inistration have dental assistant ppointments available. Dental clin- s of private or civil sponsor- ip, likewise, provide opportunities r employment. In the very near ture the demand for well quali- d dental assistant teachers in all eas of the country will become ute. This pertains not only to in- tutions such as the one you at- nded, but junior colleges, univer- ies and dental schools. If this tter form of employment is appeal- g, you should start now to pre- re for such an opportunity by curing the best possible job avail- le where you will gain the proper d necessary experience as a ntal assistant. In addition, teacher aining courses provide an invalu- le background in preparation for career in teaching dental assist- g.

There is no doubt, that with the clusion of the dental assistant into e dental health team, that the atus of the profession will be ele- ted. For a long time, the dental sistant was thought of as a "house- aid" in the office. This has anged drastically for the benefit all concerned. She is now con- lered as a part of a professional am with designated duties related to the welfare of the patient. And, if the thinking of some of the advocates of auxiliary help becomes a reality, the stature of the assistant will be enhanced many times. It is the proposal of some that the assistant be taught procedures that do not require the precise skills and knowledge of a dentist. This is a future consideration in alleviating the manpower problem, but it is a very important consideration for the young dental assistant. The potentials you have in this field for serving humanity are looming greater and greater every day.

Finally, the last point to be stressed is whether you are going to make your vocation a "job for a dentist" or a "career with a dentist." There is a difference — a big difference. It is a job when you lack enthusiasm about your work and when you conduct yourself like a robot. If it is your intent to pursue this course, it would be wise to leave the profession now before you inflict yourself upon a dentist and his patients.

You will make a "career with a dentist" when you love your work and respect the position of your employer. He, in turn, will respect you and your position. This mutual enthusiasm and respect will be enjoyed by the patients with profound results. You must have a deep interest in perfecting your duties. This covers a wide latitude from patient relationships through technical procedures. You must have a desire for continuous education and increased knowledge. You must assume a vital role in the dental education of the public. You must instill in yourself self-confidence and poise in all your professional responsibilities. You must cultivate a

sense of loyalty to your employer, patients and the profession. You must endeavor to influence patients and gain their confidence in your employer and his abilities. You must show an interest in the affiliated societies of the American Dental Assistants Association and certification requirements. You must have the desire and incentive to become the best dental assistant in your locality.

There are many words used to reflect the qualities of a good dental assistant such as interest, ability, dexterity, neatness, accuracy, eagerness, calmness, trustworthiness, etc., but when you analyze the four words composing the motto of the American Dental Assistants Association you cannot follow a better prescription for success in your chosen field. — "Education, Efficiency, Loyalty, Service."

SCHOOL OF DENTISTRY
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Diagnosis of Periodontal Lesion

Walter T. McFall, Jr. D.D.S., M.S.D.*

Successful therapy is predicated on the principle of effective diagnosis. It is axiomatic that we cannot treat what we do not see. Examination for carious lesions is a standard procedure in almost all offices, but routine examination of the periodontium is less regularly accomplished.

Few practitioners would fail to recognize the presence of large calciferous accumulations or the violent tissue reaction associated with Vincent's infection. The periodontal lesion may, however, be far more subtle and careful appraisal would often reveal periodontitis in its early stages. Such a diagnostic approach is offered here.

Case History

An adequate case history is essential to any diagnosis. In addition to the usual vital statistics emphasis should be placed upon: (1) The past medical history and present state of health; (2) Past dental history as related to frequency of care and oral infections; (3) The degree and manner of oral hygiene practiced; (4) History of habits such as bruxism or clenching; and (5) The patient's philosophy regarding the importance of the teeth.

Visual Examination

It has been stated that "the most effective single method we possess in diagnosis is observation."[1] Observation must be general in scope and continuing in nature. Gingival color, contour, and consistency often provide an important clue to the periodontal status of the patient.

Normal gingival architecture is characterized by pyramidal shaped interdental papillae filling the embrasure and a knife-edged marginal gingiva. Attached gingiva is normally pink, firm, and strippled to varying degrees.

Deviations from the normal pat-

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tern in terms of loss of form, recession, change in color, bleeding or exudation, or pain are early indications of periodontal pathology. In this regard it should be remembered that a healthy gingival sulcus does not bleed.

Periodontal Pockets

When inflammation penetrates to the attachment apparatus a periodontal pocket develops. Clinical differentiation between gingivitis and periodontitis is often determined by destruction of the periodontal ligament and bone. It becomes important to accurately evaluate the pocket depth, and this is best accomplished by use of the periodontal probe. Judicious use of this instrument often reveals pathological situations not obvious from the surface.

Ideally the probe, calibrated in millimeters, is inserted as near as possible in line with the long axis of the tooth. Though excessive force should be avoided, the bottom of the pocket must be reached and its boundaries delineated. Subgingival calculous deposits may give a false interpretation of the true extent of the pocket. At least three measurements should be made on both the facial and lingual surface of each tooth. Sometimes the first molars and lower incisors may serve as a barometer of the general periodontal status.

Since pocket depth is but a reflection of the distance between the gingival margin and the apical extent of the pocket, other factors must be weighed in establishing the diagnosis. For example, gingival hyperplasia might make a pocket appear extremely deep while in reality damage to the attachment apparatus may be slight. There is no fixed depth in millimeters to indicate severity of disease. A general rule of thumb is that pockets in excess of five millimeters indicate a serious disturbance.

Radiographic Examination

Though of inestimable value in marked periodontal pathoses, the radiograph may be of little help in diagnosis of the incipient lesion. X-ray findings may help to confirm clinical impressions by revealing loss in crestal density of the bone, calculus deposits, and bifurcation and trifurcation involvement.

Occlusion and Mobility

A functional occlusal analysis represents a vital step in any mouth examination. The appraisal of the occlusion should be thorough enough to delineate occlusal discrepancies; facets and wear patterns; open contacts, plunger cusps, and uneven marginal ridges.

While it has been repeatedly shown that occlusal imbalances by themselves will not cause gingivitis or pocket formation, they do play an important role where these conditions already exist. By observing habitual opening and closing patterns centric prematurities may be disclosed. If centric prematurities are present the patient may avoid these areas and move into an acquired position. Examination is enhanced by helping the patient to gain closure in a retruded position. Occlusal indicator waxes, dyes, and papers are useful adjuncts in determining occlusal problems.

Excursive mandibular movements should also be studied as to smoothness of glide. Tripping or grasping

should be noted. Balancing or nonfunctional prematurities are often associated with tissue lesions in the posterior area and these should be carefully recorded.

Mobility exceeding physiologic limits must be viewed as an indication of occlusal disturbances, habit patterns, or destruction in the supporting structures.

Study models and clinical photographs may prove to be useful aids in arriving at diagnosis of occlusal problems.

Conclusion

Periodontal disease is best treated in its early stages. The incipient periodontal lesion is often overlooked. A careful diagnosis and prompt treatment prevents many of these early lesions from progressing into more serious situations. Preventive periodontics is an integral part of preventive dentistry.

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Belt Driven Super Speed Equipment

Clarence L. Sockwell, D.D.S.*

The developments of diamond stones, carbide burs, and high speed handpieces are among the most significant advances in dental history. All high speed rotary instruments are an improvement over the conventional types for tooth reduction as well as many other dental cutting procedures. The advantages as well as the hazards of using increased speeds have been cited in numerous published articles.[1–3] Investigations and research assure us that the proper and discriminate use of higher rotational speeds in removing tooth structure is in keeping with sound biologic and physiologic principles.[4–7]

Since 1945, continuous increases in handpiece speeds have given rise to large numbers of contradictory and confusing definitions of the various speed levels. To clarify terminology, three speed ranges are generally recognized: slow or conventional speed (below 6,000 rpm), high speed (above 6,000 and below 60,000 rpm), and super or ultra speed (above 60,000 rpm). It has been reported that vibrations produced at speeds above 60,000 rpm are beyond human perception.[8]

Although handpieces are available which will rotate an instrument at speeds of 250,000 rpm and much higher (free running), many operators prefer lower speeds and certain

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procedures require reduced speeds. It seems logical that there will always be a need for slow speeds in such operations as excavating caries, refining preparations and polishing procedures. The high speed range can be used quite efficiently for the majority of dental cutting procedures, and it has been reported by one operator that 50,000 rpm is the optimum speed for reducing hard tooth structures.[9] High speeds are preferred over super speeds in certain finishing operations, where vision is poor, and where a more positive sense of touch is needed as a guide.[10] Super speeds (usually around 150,000 rpm) are desirable for bulk reduction, outline form, and removal of metal restorations. These phases of tooth preparation, which formerly were quite difficult, time consuming, and disagreeable to the patient and operator, can now be achieved with relative ease and above the vibration perception of the patient.

The ideal handpiece should be simple in design, easy to manipulate, require little maintenance, function without noticeable heat, noise, or vibration, and provide sufficient torque and tactile sense in all speed ranges. At the present time, there are several fine handpieces which have many of these desirable features, but none incorporates all of them. It is difficult for many dentists to decide which one is best suited to the needs of an individual practice.

Belt driven super speed handpieces maintain a high rating among all types of cutting devices because they incorporate many of the significant features of an ideal handpiece. They are considered one of the most versatile instruments available and have a history of almost trouble-free performance.[10, 11]

Through the use of a belt drive, all gears have been eliminated from the handpiece, thus reducing the number of moving parts with metal to metal contact. Very little office maintenance is required, since the bearings have factory sealed lubrication. This is a highly desirable feature, especially in surgical cutting procedures, as no oil mist is sprayed into the area of operation. The cutting instrument stops immediately when the power source is cut off, thus reducing the chances for inadvertent laceration of soft tissue.

The speed of rotation may be varied at any time through a foot controller. Tactile sense is not lost at the higher levels of speed and sufficient torque is provided for operations at the lower speed ranges. In other words, the operator can feel structural changes through the instrument while cutting at super speeds and is not distracted by the inability of the handpiece to maintain the speed that has been selected. For sheer rate of tissue removal, these handpieces are unequaled by any commercially available dental cutting device. The reason for this is that, at a given rpm, the amount of structure removed is increased as the pressure is increased within reasonable limits.[12] The direction of rotation may be reversed if need be for burnishing and polishing in the mouth.

The coolant system (Hanau) of belt driven handpieces is worthy of special comment and cannot be fully appreciated until it is compared to instruments lacking in this feature. For optimum cooling and visibility, a properly directed air-water combination spray is recommended.[10, 13, 18]



Fig. 1—The first super speed contra angle handpiece. The Page Chayes Angle. (Courtesy: Chayes Dental Instrument Corporation.)

Air alone has not been found to be consistently protective.[7] The coolant system utilized with belt driven handpieces starts before any rotation of the cutting instrument and remains constant during cutting regardless of the speed level. The advantages are obvious. (1) It allows the operator to adjust the spray concentration or intensity without needless and hazardous cutting instrument rotation. (2) If the water supply to the spray is cut off, the handpiece may be used as a chip blower in the mouth. (3) When using slow speeds for certain finishing procedures, the spray remains strong and keeps the operating site free of debris and the marginal gingiva blown aside for adequate vision. In contrast, the spray systems of the air turbines are not effective at the lower speed levels because the intensity of the spray peters out as the speed of the turbine decreases.

Almost everything has disadvantages, and the belt driven handpieces are no exception. They are not as smooth in operation and do not offer quite the freedom of movement as the air turbine handpieces. Another possible objection to belt driven handpieces by some operators and patients is the noise level of approximately 76 decibels produced at maximum speeds. By comparison, however, most of the air turbines have a sound level of approximately 90 decibels.[14] Bernier and Knapp[15] reported that noise levels in excess of 75 decibels in frequency ranges of 1,000 to 8,000 cycles per second may possibly cause hearing damage.

For low speeds and operations requiring the use of a straight handpiece, it is necessary to change to an auxiliary handpiece.

There have been six commercial belt driven angle handpieces marketed in this country. Two models, the Globe and the Revolox are no longer distributed because of unsatisfactory performance.[16] The remaining models, along with a brief description, are as follows:

PAGE CHAYES ANGLE. The first belt driven contra angle handpiece was developed by Dr. Richard Page in 1955 and is known as the Page Chayes Angle[2] (Fig. 1). It is well designed and performs satisfactorily in all speed ranges between 5,000 rpm and 180,000 rpm.[11] Rotary power is transferred from a dental engine by two belts and a pulley reduction system. The regular engine arm belt runs from a large pulley

at the engine over a conventional three piece cord arm to the small half of a two step pulley at the back of the handpiece. From the large diameter side of this pulley, a smaller factory installed belt runs inside the handpiece sheath to rotate a spindle within the handpiece head. A combination metal and rubber chuck fits into the spindle to hold a $\frac{1}{16}$ inch diameter shank cutting instrument by friction grip. Metal tongs are used for inserting and removing the cutting instruments. A positive stream of air is expelled around the spindle to keep moisture and debris from entering the head of the angle and to prevent damage to the bearings. The handpiece must be returned to the factory when belt or bearing changes are needed.

Snap on couplings make it possible to interchange handpieces at the wrist joint in a matter of seconds. For those who are inconvenienced by this procedure, several dual arm arrangements are available on which both handpieces are mounted and ready for use at all times. An example is shown in Fig. 2.

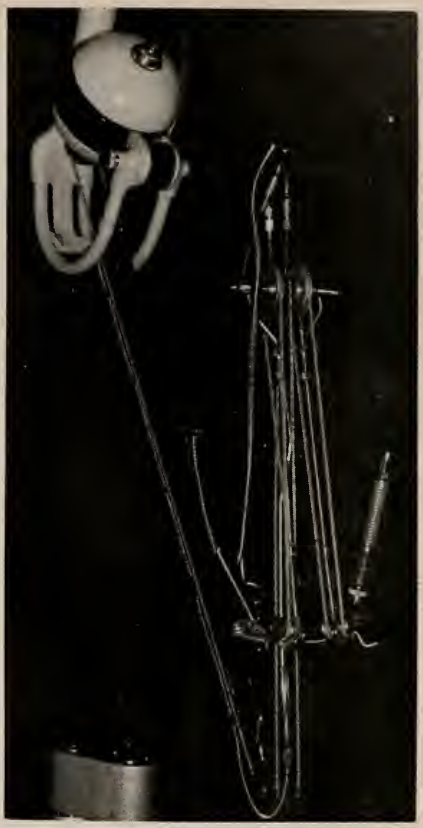


Fig. 2—An example of a dual arm apparatus for mounting two belt driven handpieces.

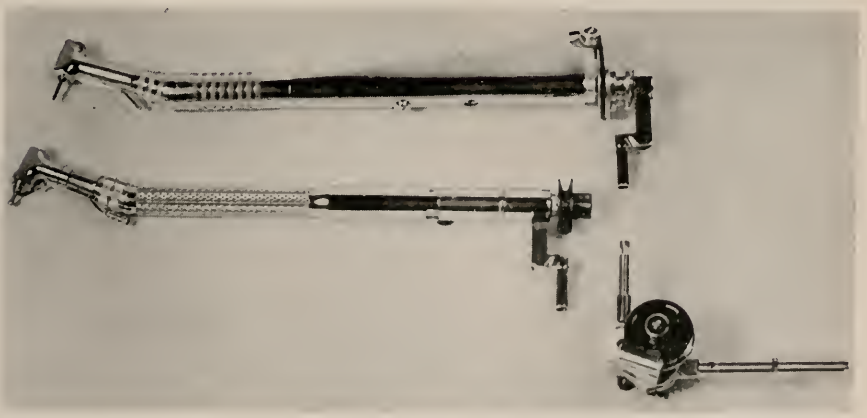


Fig. 3—The original Kerr Superspeed belt driven handpiece and companion, Imperator, gear driven handpiece. (Courtesy: Kerr Manufacturing Company.)



Fig. 4—Comparison of original special Kerr diamond stone (radial excluder on shank) with the friction grip shank used in all other belt driven contra angles.

KERR SUPERSPEED. The original Kerr Superspeed handpiece (Fig. 3) is almost identical to the Page Chayes in appearance and function. Again, very little office maintenance is needed and repairs are made by the manufacturer. Its use is recommended in speed ranges between 20,000 and 150,000 rpm.[17] For speeds below 20,000 rpm, a companion gear driven handpiece (Imperator Outfit) is interchanged at the wrist joint. Special cutting instruments are held by a spring lock in a metal chuck which is reported to provide greater tactile sense.[17]

Instead of a positive air stream around the bur chuck to keep out impurities, the cutting instruments have a radial excluder (ring) on the shank (Fig. 4). During operation, the excluder spins off moisture and debris by centrifugal action which helps to prevent contamination of the head bearings. Overnight storage of the handpiece in a desiccant jar to remove moisture is recommended by the manufacturer.

Due to the size of the handpiece head and design of the cutting instruments, it cannot be used in some areas of the mouth where access is limited. Some short shank instruments are available to help with this problem.

KERR SUPERSPEED (Improved Model). A new Kerr Super-

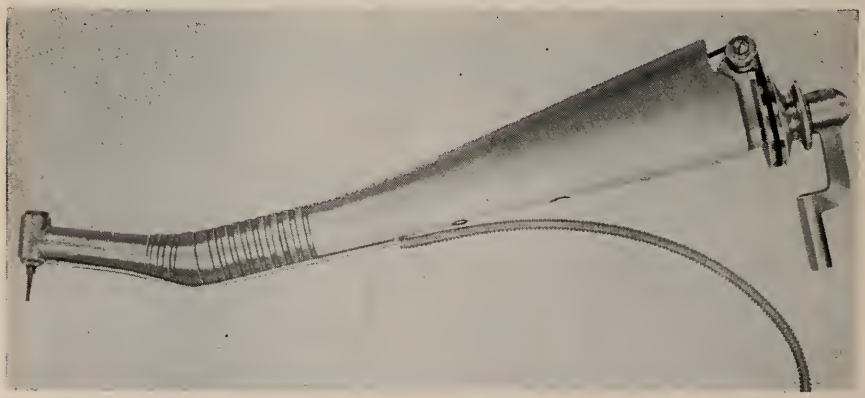


Fig. 5—The improved Kerr Superspeed Miniature Head FG Handpiece. (Courtesy: Kerr Manufacturing Company.)

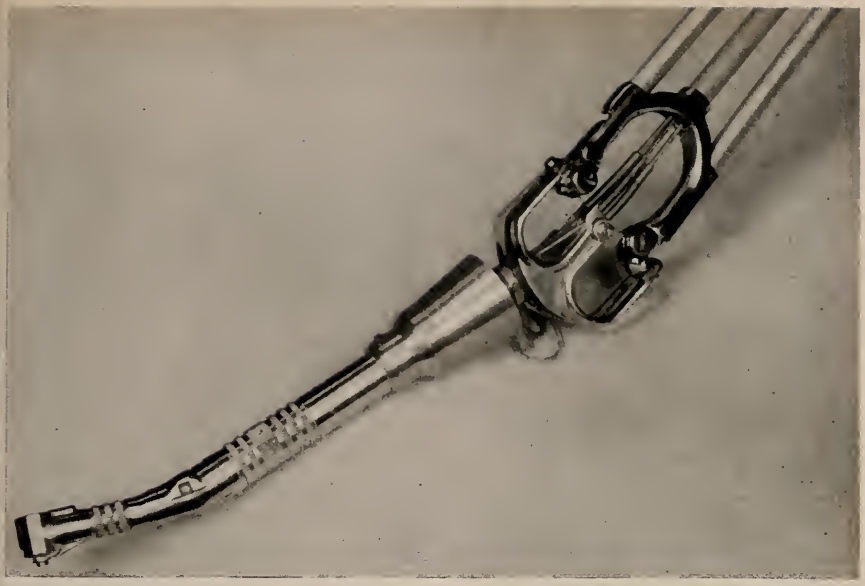


Fig. 6—Page Chayes 909, a single belt driven handpiece. (Courtesy: Chayes Dental Instrument Corporation.)

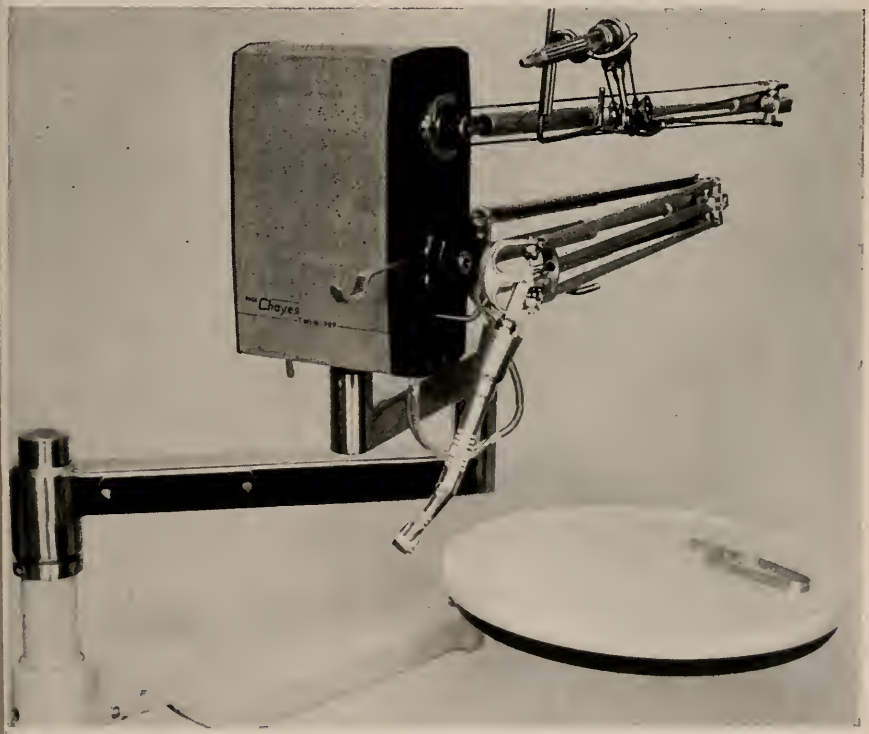


Fig. 7—Page Chayes Twin 909. (Courtesy: Chayes Dental Instrument Corporation.)

speed handpiece has superseded the original model. (Fig. 5). It has a miniature head and uses friction grip cutting instruments held by a plastic chuck. Otherwise, it looks and operates much the same as its predecessor. The smaller handpiece head and friction grip instruments provide better visibility and easier access to all areas of the mouth. No changes were made in the speed ranges or in the policy of factory repairs.

PAGE CHAYES 909. A new Page Chayes instrument was introduced to the profession in 1960 (Fig. 6).[19] Other than the electrical, air and water connections, the Model 909 is a complete unit having its own engine and foot control system. There is a smooth transition of speeds between 1,500 rpm and 180,000 rpm. A dual set-up, Page Chayes Twin 909, is also available which has a straight handpiece mounted above the contra angle (Fig. 7). The engine of either unit is attached to a swivel arm which may be mounted in the most convenient position (bracket arm, wall, cabinet, etc.). A continuous single belt runs directly from the engine over a series of pulleys to rotate the spindle in the head of the handpiece. Instead of the conventional three piece cord arm, a horizontal engine arm is used which is well balanced, light in weight, and allows freedom of handpiece movement in any direction without loss of speed.[19].



Fig. 8—Foot Controller for either model Page Chayes 909. (Courtesy: Chayes Dental Instrument Corporation.)

The foot control for the 909 (Fig. 8) has several outstanding features. Provisions are made for the use of a straight handpiece through the same control. A unique spray system is incorporated with the foot control and handpiece to provide increased operating efficiency. The first movement of the rheostat lever provides air only through the handpiece which gives the operator a built-in chip blower. As the lever is moved to the right, water is added to form a spray of any desired concentration to flush debris from the cutting site. These first two procedures may be used individually or alternated without any rotation of the cutting instrument. When the foot control lever is moved further to the right, rotation of the cutting instrument starts and the spray pattern remains constant and effective at any speed level. By having a chip blower and water spray which can be operated by the foot controller through the handpiece and independent of the rotary action, the operator can often do a fine job of looking and evaluating just before cutting. Also, it is not necessary to hang up the handpiece each time the operator wants to carefully observe an area.

When the 909 is compared to other belt driven super speed contra angle handpieces, several advantages are observed. (1) A lower speed

range is present and effective. (2) Noise levels are lower at the higher speeds. (3) Dangling spray lines are eliminated. (4) There is a smoother transition between all speed levels. (5) Belts and bearings may be changed in the dental office.

Belt driven super speed handpieces continue to be popular with the dental profession because they incorporate most of the desirable features of an ideal handpiece. Other type handpieces present certain advantages over the belt driven instruments, but do not possess as much versatility for the wide variety of operations that are necessarily performed in a dental office. All factors must be carefully considered for maximum efficiency as well as sound operative procedures.

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Faculty News

By

Kermit F. Knudtzon, D.D.S.*

New Faculty Members:

Eight dentists, one dental hygienist, and one Doctor of Philosophy have been added to the faculty at the School of Dentistry.

James J. Crawford is a dual member of the School of Dentistry Research Staff and of the Department of Bacteriology in the School of Medicine. Dr. Crawford has his Ph.D. in the field of Bacteriology. His activities include teaching, basic and applied research related to the processes of resistance to infection and to the oral flora, and supervision and consultation in diagnostic microbiology.

Hubert E. Hatcher, class of 1960, UNC Dental School. Dr. Hatcher has recently completed two years of active duty with the U.S. Army Dental Corps and is part-time clinical instructor in Prosthodontics. He practices in Cary, North Carolina.

Kenneth Carroll Kennedy, class of 1959, UNC Dental School. After graduation, Dr. Kennedy interned at the U.S. Public Health Hospital in New Orleans and later was on the staff of the USPHS Hospital in New York City. He was in private practice in Salisbury prior to going on the UNC staff as part-time clinical instructor in the Department of Prosthodontics. He is in private practice in Carrboro.

Frank E. Law (Universities of Minnesota and Harvard) has a joint appointment as Professor of Public Health Administration, UNC School of Public Health and in the Department of Practice Administration and Dental Science at the School of Dentistry. He retired last October after 30-years of long and distinguished service with the U.S. Public Health. His last assignment before coming to Chapel Hill was devoted to research in dental public health in Washington, D. C.

Henry V. Murray, Jr., class of 1957, UNC Dental School, has been a part-time member of the faculty since 1960. Since July 1962, he has been a full-time member in the Department of Crown & Bridge Prostho-

*Professor of Practice Administration and Dental Science, U.N.C. School of Dentistry.

dontics with the rank of Assistant Professor. He served with the U.S. Air Forces for two years following graduation, and subsequently practiced in Burlington, North Carolina before joining the full-time faculty.

Theodore R. Oldenburg, class of 1957, UNC Dental School. Dr. Oldenburg entered the U.S. Air Force after graduation and spent three years in Hawaii. Upon returning to the mainland, he pursued graduate study in Pedodontics at UNC, receiving his M.Sc. degree in Pedontics in June 1962. He joined the staff last summer as an Assistant Professor.

Floy T. Oldham, Jr., class of 1957, UNC Dental School, is a part-time Clinical Instructor in Prosthodontics. Upon graduation, Dr. Oldham became a staff dentist at Broughton Hospital, Morganton, North Carolina, and later established a private practice in Chapel Hill.

Carl Oman, University of Minnesota Dental School. Upon retiring in 1960 from Columbia University School of Dentistry, where he was Professor and Head of the Department of Operative Dentistry, Dr. and Mrs. Oman decided to live in Chapel Hill. He has had a long and interesting career both in teaching and in the practice of dentistry. He decided to mix a bit of dentistry with his retirement and is now a part-time Clinical Instructor in the Department of Operative Dentistry at UNC.

H. Wilson Shoulars, Jr., class of 1960, UNC, is an instructor in the Department of Periodontology and Oral Pathology. Since graduation he has served in the Dental Corps of the U.S. Air Force. He joined the full-time faculty July 1, 1962.

Carolyn C. Williams, DH class of 1956, UNC Dental School, has now joined the faculty at UNC as an instructor in the Curriculum for Dental Hygiene. After four years in private practice, she re-entered the University in 1960 to work toward a Bachelor of Science degree in Dental Hygiene. In July 1961, she joined the dental hygiene staff as a part-time clinical instructor prior to her present full-time position.

Promotions:

James W. Bawden, Department of Pedodontics, from Ass't. to Assoc. Professor. Troy B. Sluder, Jr., Operative Dentistry, from Ass't. to Assoc. Professor. William D. Strickland, Operative Dentistry, from Ass't. to Assoc. Professor. Paul Cummings, Jr., Department of Periodontics, from Ass't. to Assoc. Professor. Gerald M. Cathey, Operative Dentistry, from Instructor to Ass't. Professor. William P. Webster, to Assistant Professor of Oral Pathology and Periodontology.

Leave of Absence:

Don Allen, Department of Periodontics, to do graduate study at the University of Michigan, for two years.

Resignations:

Benjamin R. Baker and James King, Department of Pedodontics, to pursue graduate study in Pedodontics at UNC on a teacher training grant.

Publications:

Drs. Barton, Brauer, Shankle, Sockwell, Strickland, Hunter, and Clifford Sturdevant have been busy for the past year, writing a textbook entitled, *"The Art & Science of Operative Dentistry,"* which will be published in 1965, by the McGraw-Hill Company. Dean Brauer and Dr. Clifford Sturdevant are Co-Editors.

Dr. Jack Shankle and Dr. James S. Brauer are co-authors of an article, "Pulp Capping"—Clinical Evidence of a Denture Bridge—in the September 1962 issue of *Oral Surgery, Oral Medicine, and Oral Pathology.*

The third edition of the Brauer-Richardson textbook, *"The Dental Assistant"* is currently being revised.

Dr. Jack Shankle, Professor of Operative Dentistry, is the author of a paper, "Communication in the Teaching of Endodontic Therapy," in the June 1962 issue of the *Journal on Dental Education.* Dr. Shankle and James Crawford have also contributed an article in the September 1961 issue of *Oral Surgery, Oral Medicine, and Oral Pathology,* on the "Application of Newer Methods to Study the Importance of Root Canal and Oral Microbiota in Endodontics."

Dr. James W. Bawden, Associate Professor of Pedodontics, has had two articles accepted for publication by the *Journal of Dental Research.*

Papers and Clinics:

Dr. Roger Barton gave a paper, "Dental Assistant Utilization" before the Dental Dealers of America Convention, Miami Beach, October 27, 1962.

Dr. John C. Brauer was the moderator and Dr. Kermit Knudtzon was one of three panelists at the recent ADA Meeting in Miami Beach, October 29. The panel discussion was concerned with the "Utilization of Chairside Assistants in Dental Education."

Miss Alberta Beat presented a table clinic at the 39th Annual Meeting of the American Dental Hygienists Association at Miami Beach in October on "Focus on Dental Health."

Dr. Clifton Crandell presented a clinic-lecture on "Extra-Oral Roentgenography for the General Practitioner" at the Miami Meeting.

Dr. Frank Law, Professor of Public Health Administration, UNC School of Public Health and Department of Practice Administration, UNC Dental School, gave a talk in November on "Dental Care for the Aged" at the monthly seminar meeting of the Duke Council on Gerontology at Duke University.

Dean John C. Brauer gave a Postgraduate Course in Preventive Dentistry at Walter Reed Army Medical Center, November 7, 1962. Dr. Brauer is a Consultant to the Surgeon General's Office of the U. S. Army.

Appointments:

Dr. Clifton Crandell, Assistant Professor, Department of Oral Diagnosis, was named by Governor Terry Sanford to an indefinite term on the State Atomic Energy Committee.

Dr. Clarence Sockwell, Associate Professor, Operative Dentistry, was appointed as Dental Consultant to U. S. Army Dental Detachment, Womach Hospital, Fort Bragg, N. C.

Elections:

Dr. Roy Lindahl, Head, Department of Pedodontics, was elected Vice President of the American Academy of Pedodontics at its annual meeting in Boulder, Colorado.

Miss Alberta Beat, Assistant Professor and Assistant Director, Dental Hygiene, was elected second Vice President of the American Dental Hygienists Association at their 39th Annual Meeting in Miami Beach.

Higher Degrees:

Dr. Bennie D. Barker, Assistant Professor Crown and Bridge Prosthodontics, received a M.Ed. from Duke University School of Education last summer. Dr. Barker was among 14 recently initiated into Kappa Delta Pi, Honorary Education Society at Duke University.

Military Promotions:

Eli J. Attayek, Department of Periodontics, from First Lieutenant to Captain in the North Carolina Army National Guard.

Dr. Troy Sluder, Operative Dentistry, promoted to Lieutenant Commander, Dental Corps, U.S. Navy Reserve, Commanding Officer, Naval Reserve Dental Company 6-14.

Travels:

Dr. Marvin E. Chapin, Professor and Head, Department of Oral Surgery, and National Civilian Consultant in Oral Surgery to the Surgeon General (Air Force) recently returned in September from a tour of duty taking him to Air Force Bases in Labrador and Newfoundland. In October, Dr. Chapin presented lectures at Lackland Air Force Base, Texas.

Miss Alberta Beat, Assistant Professor and Assistant Director of Dental Hygiene, attended the 13th International Dental Congress last July in Cologne, Germany. She gave a table clinic at the Congress on Dental Health. Following the meeting she toured England, Germany, Switzerland, Italy, and France.

A Second Look

Barry G. Miller
A.B., D.D.S., M.S., M.S.

Dr. Miller returned to Charlotte in late October after completing a three-month Fulbright lectureship at San Marcos University, Lima, Peru. He reports on his experiences in South America and gives his impressions of dentistry in Peru.

Each practicing dentist, when reviewing Oral Anatomy and Operative Dentistry, is reminded of the significant contribution that dentistry has received from G. V. Black. Certainly his principles for proper therapy in the area of Operative Dentistry are of great import. These principles have, as their high complement, a determined, vigilant dedication for the application of objectivity in advancing and developing knowledge in all fields of oral health and an enthusiastic and concentrated interest in organized dentistry. Individuals such as Doctor Black, and those eight men who, one hundred and three years ago, sat in New York City and planned the development of the American Dental Association and, yes, even those who are among us today, have uniquely placed the service of dentistry and its academic programming in a position of unusual public appreciation.

As we enjoy the daily acceptance of our efforts by the public, it is with

little effort that we fail to perform our service in a manner of dedication to those who have made possible the pleasures of this service. In visiting with our Latin neighbors, from the first casual impression to a most considered conclusion, one is struck by: (1) The lack of objective thinking in dental populations. Academically, there was little evidence of basic research and the interest in clinical research was similarly limited; and, (2) The absence of professional organizational structure, limiting standardization of education and the dissemination of knowledge. In essentially any area of dentistry that we would pursue, these factors are demonstrable.

A Blend of the Past and the Present

The Fulbright Commission of the State Department made possible my adventure to parts other than Peru. These were very brief and I would like to limit my observations to those made in Peru. It is not to propose that these are typical of all Latin countries. As perhaps would be essentially true in all societies, the profession of dentistry in Peru is but a reflection of the Peruvian peoples — their folkway, mores — and its geography. As there are contrasts in the cultural patterns of the twelve million Peruvians, these too, are reflected in the profession. Of the total population some two and one half million people reside in the Lima area proper and of the three thousand dentists for the nation, approximately one-half pursue their practice in Lima. The typical pattern of large population aggregates are present in Lima, Peru's capital. There is a blend of the past and the present, the beautiful and the odd and, here again, these are mirrored in the profession. The dramatic contrast of the rich and the poor is likewise obviously reflected in the profession. Two significant points are obvious in observing the practitioner: (1) The extreme and vigilant hunger for knowledge that will permit added benefits to the public; and (2) the very high number of individuals in the profession that offer their services through institutions that are federally administered.



DR. MILLER

Topographical Barriers

Unlike the benefits enjoyed in our professional structure, there is a very obvious absence of an organizational pattern which would challenge the practitioner to continued self-improvement. Certainly the topography and geography is not without some influence on these organizational patterns. The facility for transportation by surface and air from Arequipa, the nation's second largest city, to Lima are quite contemporary. The very recent establishment of the Pan American Highway north and south has offered communication between population groups in a matter of a few

hours that was formerly possible only by sea routes which took days. One would understandably recognize the barrier that the ranges of the Andes, projecting to points at twenty-two thousand feet above sea level, would make for fluent communication between the east and west populations of the Andes range. The practitioner of dentistry on the Eastern range was, and is, literally separated from his professional colleague along the arid coast. Transportation between these points is, in most instances, limited to air and this service is not without some difficulty.

The University System

The academic interest of the profession is demonstrably influenced by the Spanish American University system. Two chief facets of influence that differentiate this system from the patterns common to North America would be the intimate relationship of the periodic tenure of the Rector and School Administrators to the body politic. Appointments are made for a six-year period which coincide with the national political changes. The student functions directly through an elected representative in the academic programming. Administrative policies of the school, and the renowned Latin American student strike, is not without its influence in the total administrative programming. These activities will frequently bring about a complete change-over in faculty administrative personnel.

The established facility, San Marcos University, is presently located in a refined colonial residence which is over one hundred years old. These facilities at San Marcos University are in great demand as the present Faculty in Lima is utilizing equipment and space designed for far fewer than the five hundred clinical students presently enrolled. New facilities are being prepared and will offer opportunities and challenges heretofore not possible. In the city of Inca a new University System with a Faculty of Odontology is in its first year of operation, and conferences have been, and are being, negotiated for a Faculty of Odontology to facilitate with an existing Faculty of Medicine at Trujillo in Northern Peru. There would be little question but what the North American dentists volunteering to offer services on a rotating basis for periods in duration of thirty to sixty days from April, 1962, aboard Hospital Ship "S. S. Hope" which is docked at Salaverry, a port city to Trujillo, have probably had the greatest influence for the establishment of a Faculty of Odontology in this region. In addition to their services, these dedicated men have conducted continued educational programming aboard "S.S. Hope" and in neighboring communities. Parenthetically, permit a request that, in the next instance information relative to the "S.S. Hope" crosses your desk, give it a second look.

Public Health

One of the most significant contrasts to the present state of service is in the area of Public Health. The first city to apply fluoride to the communal water source instituted this program only in recent weeks. The Public Health effort is essentially one of service with only recent impetus being placed on the facet of education and pre-

vention. By reason of geography and the system of education, the observation of recent experiences would lead to the conclusion that, in the area of Public Health, great opportunities in the future will be recognized.

The Future

As the future is now, the horizon of the dental profession in Peru is not without some brilliant illumination. It was with great pleasure and interest that on October 3, we witnessed a culmination in unity of effort among the many professional groups to join in a Federation Peruvian Odontology. This Federation has purchased a location in Lima for national headquarters and did, on this one occasion, establish enough resources to complete half of the first phase of their physical structures. The establishment of the Federation and its location opens a new vista for the maturity, service, and standardization of the profession. Of perhaps more import, it gives the total population one organization to which it can turn and charge with the responsibility for the continued improvement of service to which the public is entitled.

As I return to the unusual opportunities that are presented daily to the practitioner and service to his patients, to challenges in civic and social responsibilities of leadership, and to a society where the dignity of the individual, his freedoms and his rights could find few counterparts universally, it is with greater reverence for those who, before us, gave so generously of their talents, time, and themselves and with renewed pledge that the best today will be made better tomorrow. I remain convinced that the present status to which those men of yesteryear have elevated North American Dentistry in the eyes of the world is in a large measure due to their practiced awareness of a force without themselves and greater than themselves and this same thinking is one of the greatest challenges to the American dentist today.

1529 Elizabeth Avenue
Charlotte, North Carolina

National Children's Dental Health Week • Feb. 3-9, 1963



Dental Health Education in Guilford County

Neal Sheffield, Jr., D.D.S.

During the week of February 3-9, 1963, local dental societies will be observing Children's Dental Health Week, which is the most important annual event in which a member society may participate. At this time the importance of good dental health and appearance will be stressed.

The National Dairy Council regularly cooperates with the American Dental Association in the observance of Children's Dental Health Week. As a health education organization, the Dairy Council is interested in the area of dental health as a part of general health. Encouraging regular care by the dentist, good habits of mouth hygiene, and adequate nutrition is an every day Dairy Council activity. During Children's Dental Health Week, the three Dairy Council Units of North Carolina give special emphasis to dental health.

In the Greensboro area last year, the Dairy Council Director worked with the local Chairman of National Children's Dental Health Week. Conferences began in December for planning the observance. This joint planning resulted in two radio programs, a television show on dental health, and the placement of six "A Smile Is To Keep" posters in downtown Greensboro windows. In addition, favorable time was obtained for showing the "Little Jack" and "Dottie" films on television. American Den-



Dr. Richard Conrad (left) looks on as Dr. John Southworth (center), President of the Guilford County Dental Society, presents the first copy of the pamphlet "Your Child's Teeth" to Mrs. Yvonne Amico, Executive Director of The Dairy Council. For several years The Dairy Council has mailed educational literature to new parents in the county. The idea to include dental health material in the packet was suggested by Dr. Conrad.

tal Association materials and Dairy Council dental health booklets were placed with the PTA chairmen and principals of the 122 schools within the Greensboro area. Dairy Council dental health materials were offered to the dentists for use in their reception rooms.

The Guilford County Dental Society arranged to have Children's Dental Health Week posters displayed in all Greensboro buses for the month of February. Three billboards in the area publicized the event, too.

In addition to the above methods of promoting good dental health during February, the Guilford County Dental Society has initiated a year-round program of dental health education. August 1, 1962 marked the beginning of a new public education program aimed at teaching parents to help their children have better dental health. Back-bone of the new program is the American Dental Association pamphlet S7B, "Your Child's Teeth," which is being mailed to the parents of each newborn baby. This is being done in conjunction with the Dairy Council. It is estimated that each year 1,000 parents in the county will receive copies of the pamphlet covering all phases of tooth development and dental health.

This type of dental health program is proving to be very successful in the Greensboro area. Other areas are conducting successful programs also. This program will undoubtedly be improved upon each year. If, however, any of the preceding ideas can be used elsewhere, we shall be very happy.

Summary of Actions By the

1962 ADA House of Delegates*

More than 40 reports and resolutions were considered by the 1962 House of Delegates in Miami Beach at the 103rd Annual Session of the American Dental Association. They covered a broad area of Association affairs.

It is not my intent to cover all the issues considered by the House of Delegates, but rather to bring to your attention some of the actions of the House in which this Conference will be particularly interested.

Federal Aid to Education. The policy-making body of the ADA again affirmed its stand in favor of Federal Aid to Education. By a vote of 348 to 38, the House rejected a Texas resolution calling on the ADA to "withdraw its endorsement of Federal Aid to Education."

Advertising of Commercial Products. A resolution presented by Alabama asked that the Council on Dental Therapeutics be prohibited from using its name and that of the ADA in all advertising through news media to the lay public, and that the use of Class "B" recognition be restricted to advertising of commercial products in professional journals.

In its report on the issue, the Reference Committee suggested that the resolution would destroy "the program of the Council on Dental Therapeutics which has provided essential safeguards for both

* Presented at the 10th Annual District Officers' Conference of the North Carolina Dental Society, December 8-9, 1962, by Andrew M. Cunningham, Executive Secretary, North Carolina Dental Society.

the public and the profession for more than 30 years." The House agreed, and rejected the resolution by a near-unanimous voice vote.

Survey of Dentistry. Florida introduced a resolution expressing concern lest the recommendations contained in the *Survey of Dentistry* be implemented without adequate time for consideration and discussion by the dental profession at large and urging the membership to make a thorough study of the recently published report by the American Council on Education.

This resolution touched off lengthy and heated debate.

The Reference Committee took a dim view of the resolution, held that it was not entirely clear-cut, and offered a substitute resolution stating that although the *Survey of Dentistry* is not an official publication of the Association, the membership should be encouraged to purchase and read the publication.

The resolution was first rejected, then reconsidered, and finally adopted with a minor amendment.

Fluoridation. On the recommendation of the Council on Dental Health, the House revised present Association policy and urged individual dentists and dental societies to take more aggressive action to bring the benefits of fluoridation to communities which do not have the measure.

In this connection, your attention is called to the November issue of the *ADA Journal* which is devoted entirely to fluoridation. It is an excellent compilation of background and reference material on the subject and comprises an excellent source of information for the dentist or the society campaigning for fluoridation in a community.

Mouth Protector Programs. A resolution was adopted requesting constituent and component dental societies to study all available information in order to provide guidance to schools in the selection of mouth protectors, and urging individual members of the profession to cooperate fully with schools "in developing mouth protector programs that are mutually satisfactory to the schools and the dentists."

Seat Belts. The House resolved that the Association would vigorously support the National Safety Council in promoting the installation of automobile seat belts, urged constituent and component societies to cooperate with other organizations in promoting the safety measure, and asked individual dentists to follow the practice themselves and encourage patients and fellow citizens to do so.

Dental Emergency Service. The House approved a resolution requesting all dental societies to survey the facilities for dental care in their communities and take the necessary steps to assure that emergency dental service is available to any person, regardless of the day, hour, or week.

Laboratory Accreditation Program. The House approved a resolution to implement a national program for accrediting dental laboratories. It stipulated that the ADA was to participate in the Joint Commission on Accreditation of Dental Laboratories, and that the new program was not to interfere in any way with existing state programs.

Relief Fund. A resolution by Illinois for renewal of the Relief Fund bonus payment to state societies which exceed their quotas in the Relief Fund campaign and which pay out more than the ADA returns to them in the regular refund. (North Carolina has qualified for this bonus for the past three years.)

Medicare. A good many delegates expressed dissatisfaction with the unrealistic character of the dental aspects of the current medicare program. They voiced concern over the continued existence of the so-called family clinics and the use of the term "remote area." This prompted the House to adopt a resolution authorizing ADA agencies to support legislation to establish a reasonable and uniform program of dental care for dependents of military personnel in conformity with ADA policies and principles.

Ethics. The House amended the ADA Principles of Ethics to discourage the use of the term "specialist" in announcements, cards, letterheads, and directory listings, and to encourage the use of the phrase "practice limited to."

Increase in ADA Dues. The House approved a proposal by the Board of Trustees to increase the dues of active members from $30.00 to $40.00 annually. In accordance with the Bylaws this issue will lie on the table and be acted upon at the 1963 Annual Session.

In presenting its case the Board noted that if the activities of the Association are to increase in accordance with the needs of the membership, and if deficit financing is to be avoided, the increase in dues is essential. An *Information Bulletin* is to be sent to Association members setting forth in detail the reasons for such an increase.

Amendments to ADA Bylaws. The House adopted amendments to Bylaws which:

1. Eliminated seconding speeches in the House of Delegates.

2. Gave the House by a ⅔ majority the power to suspend representation of a constituent society in the House of Delegates upon a determination by the House that the bylaws of the constituent society violate the *Constitution and Bylaws* of this Association, provided that such suspension shall not be in effect until the House of Delegates has voted that the constituent society is in violation and has one year after notification of specific violation in which to correct its constitution or bylaws.

Study Club Activities in North Carolina

Barry G. Miller, D.D.S.
Chairman Statewide Study Club Committee

Mett Ausley gives us this resume from a talk by Dr. W. W. Demeritt before the Demeritt Study Club. Mett suggests these remarks were in response to the desire of the membership for Dr. Demeritt to give them direction for continued improvement of their study club activity. These words of wisdom would significantly add to the meaning of study clubs to each of us.

I. Have a common goal—at least on a broad basis.

II. Have a series of common goals. Suggest each man write down what he would like to do, where he would like to go, what he would like to accomplish. One goal should be to learn about the many facets of dentistry and then go out and teach these to others.

III. Have a written plan so the club will know where it is going and have a step-by-step plan. Mail each member a copy of this plan, long range and yearly.

IV. Possibilities:

(1) Continue clinics; (2) Invite guest; (3) Plan yearly program (outlines printed so each will know ahead what is going to happen); (4) Subjects should be chosen, and during the program various subjects covered. Anything new, any new thought should be allowed; (5) Bring cases (problems) because your group may have the answer. Bring your mistake so others learn. Bring your money mistakes to prevent others from making them; (6) Pick a subject and have the best you know in to get you started in the right direction. (7) Possible fields: (a) management (b) leadership (c) time and motion (d) human relations.

Piedmont Study Club: Baxter Sapp says — "We have completed a series of about four meetings

which were held consecutively, in which Galen Quinn presented programs on the 'problems of occlusion.' We got some good meat here on contours of teeth as related to periodontal breakdown, inclination of teeth and their relationship to the periodontium, minor tooth movements, etc. It was quite interesting as a project. The last two meetings we have held here concerned the reviewing of audio tapes on surgery, periodontia, dental medicine, endodontics, etc. As you can imagine, it takes us quite some time to get through a tape as there will result a lot of healthy discussion."

Charlotte Dental Study Club: Henry Tanner, University of Southern California, shared with the membership some of the current thinking in functional equipment, layout of offices, and arrangement of equipment. Dr. Tanner presented a very excellent review of the office arrangements of practitioners in many regions of the country. The emphasis on improved service to patients and benefit in therapy as a basic consideration for directing our interest in practice management and office arrangement is certainly an inspiring approach and gives significance to this area of interest.

Coastal Periodontic Study Club: Dr. Freshwater reports one meeting at which there was long-term planning. The programs for 1962-63 were discussed and planned. We look forward to detailed reports of these future meetings.



Members of Ernest Branch Dental Study Club watch Dr. Marion Ralls (back to camera) demonstrate the preparation of a primary molar for band and loop type space maintainer. L to R: Drs. Walter H. Moore, Carles Barnett, Potsy McGuire.

Ernest Branch Dental Study Club: A new member was welcomed to this group at a recent meeting, Frank Daniel, of Winston-Salem. The Ernest A. Branch Dental Study Club met in High Point on September 7 and 8. Topic for study during the two-day meeting was "Space Maintenance in the Primary First Molar Area." Elliott Hester gave a clinical demonstration of the preparation for a two-unit cast gold space maintainer followed by an impression technique of the preparation. The construction of a stainless steel band and

loop space maintainer and its cementation were demonstrated clinically by Marion Ralls. Patients with space maintainers in the first primary molar region were examined by members of the study group. The maintainers of these patients demonstrated the various designs in use today which had been in place and functioning properly for periods of time ranging from three months to five and a half years. Dr. Hester reviewed all the literature furnished through an American Dental Association package library on the subject under consideration.

Following discussion of the literature, Dr. Ralls used slides and study models to demonstrate numerous cases under treatment for either space loss or space maintainence in the primary molar area. Final session of the two-day meeting was devoted to case presentations by the members of the Study Club. Cecil Pless, Jr., will lead the study at the next meeting scheduled for mid-January in Asheville.

Demeritt Dental Study Club: These men again represented us on the national scene. We remain indebted to these men who year after year and meeting after meeting so ably represent dentistry in North Carolina. The inspiration that is offered to our colleagues throughout the nation by these repeated and continually improved clinics would be of a significant moment in the evident increased interest in therapy for the child patient. More important than the simple increase in interest, would be in the motivation that is offered for an improved quality of service to these deserving patients.

Southeastern Periodontic Study Club: It is with pleasure that we announce the addition of a new Study Club to our State group. Henry Aldridge heads up this club which has, as its membership: Britt Beasley, Kinston, Vice President; Mett Ausley, Warsaw, Secretary - Treasurer; Henry Browning, Jacksonville; Cletus Demary, Jacksonville; John Fraser, Wilmington; Sidney Allen, Wilmington; Troy Kornegay, Warsaw; Henry Bowden, Bethel; and Warren Young, Burgaw. We offer our congratulations to these students in the truest sense, and every good wish that this mutual effort for an improved understanding for this very important area of dentistry will culminate with an improved oral health for each patient that is so fortunate to select health servants of this dedication.

The activities of your Club and its members are very vital to the growth of each member of the dental profession in the State of North Carolina. As you, a participant in study club activity, motivate your patients to higher appreciation for the epitomy of oral health there is communication to the general public in a sublime nature that is not identified. That each member of the state association might share in the elevation of this appreciation of oral health by the public, give us news of your study club activity! With the benefit that accrues the membership and each individual of a study club there parallels a responsibility for sharing in these.

To achieve an increase in knowledge without a corresponding increase in wonder is to let the mind become rotten before it becomes ripe.—SYDNEY J. HARRIS

THE DISTRICT MEETINGS—1962

BY THE DISTRICT EDITORS

"Time Is Precious..."

TIME IS PRECIOUS to the dentist and his patient. Therefore, decide on it, delegate it, and respect it," Dr. Robert K. Stinaff, author on practice administration from Akron, Ohio, told the First District Dental Society at its 41st annual session at the Grove Park Inn in Asheville, September 29-October 1, 1962.

Dr. Stinaff added that the strain and tension of an inadequate appointment book and inadequate appointment control will precipitate great frustration. He suggested that an appointment book should: (1) show a week at a glance; (2) have fifteen minute interval spacing; (3) list each day; (4) enumerate the hour in large print; (5) be written in pencil only; and (6) have buffer and time off marked well in advance in red pencil.

Along with perfect autumn weather, the society members, their wives and guests were entertained Saturday evening with a buffet supper, cabaret party, and dancing to the music of the Kentucky Gentlemen.

The golf tournament Sunday morning resulted in awards for the following: Clyde Young, low gross; A. C. Riddle, runner up; Tom Mize, low net; W. L. Woody, second low net; B. A. Dickson, third low net.

Sunday afternoon during the social hour, State Officers and prospective members were introduced to the members and their wives. After dinner, the business meeting was called to order by Dr. A. T. Lockwood, President.

Dr. Ralph Falls informed the society of the death of Thomas Huff, Franklin; Charles Bennett, Asheville and A. D. Abernathy, Sr., Hickory.

Tom Morris introduced visitors, after which Dr. Ed Baker, President of the North Carolina Dental Society, brought greetings from the state office.

New members accepted into the Society were: Williams Burns, Belmont; James B. Graham, Boone; C. Mitchell Hatchett, Jr., Asheville; Bruce Hawkins, Mt. Holly; Gene Lawrence, Jr., Franklin; Dennis Cook, Jr., Lenoir; John Schell, Valdese; E. K. Rogers, III, Asheville; Robert Hagaman, Lenoir; George Miller, Clyde; and Thomas Baker, Kings Mountain. Dr. Sam Isenhow-







Above are the First District's new officers: (l to r) Kenneth M. Ray, Vice President M. M. Forbes, President-Elect; Fenton S. Cunningham, President; and John W. Girard, Secretary-Treasurer. Not pictured is Cecil A. Pless, Jr., Editor.
At the right are two of the table clinics at the First District's meeting at Grove Park Inn, Asheville.

er, in his charge to the new members, urged all members to take stock of themselves. He reminded them that only with God's help can we serve our families and our profession.

The Grove Park Inn in Asheville was again chosen as the site for the 1963 First District Meeting.

The following officers were elected: Fenton Cunningham, President; Marc Forbes, President-Elect Kenneth Ray, Vice President; John Girard, Secretary-Treasurer; William Davenport, and Fred Shaw, Delegates; Auburn Poovey, Executive Committee.

Monday was devoted to scientific lectures and table clinics by Patsy McGuire and C. V. Winter, J. L. Winstead, Cameron Keels, Jr., James Maddox, Carey Wells, Jr., Claude Sherrill, Kenneth Ray and C. M. Johnston.

The Ladies Auxiliary and First District members enjoyed a combined luncheon. Mr. Randolph Babcock, President of Pelton Crane Co., spoke on the topic "Have Americans Taken Leave of Their Senses."

CECIL A. PLESS, JR., D.D.S.
Editor
First District

350 Attend



Retiring Second District President L. C. Holshauser delivered a fine presidential address.

THE 42ND ANNUAL Session of the Second District Dental Society was held at Charlotte September 16 and 17. In spite of a rainy weekend, over 350 people attended.

On Sunday, after a buffet banquet, the members were entertained with feats of magic interspersed with humor by an internationally known magician.

Dr. Bob Taylor presented the following new members: James E. Andrews, Mocksville; W. W. Blackman, Salisbury; J. T. H. Buford, Salisbury; F. H. Culbreth, Charlotte; Allie H. Duncan, Roanoke Rapids; Charles W. Hoover, Lexington; Henry C. Jurney, Huntersville; Lewis E. Lamb, Jr., Rural Hall; Nelson D. Large, Salisbury; Robert C. Miles, Charlotte; William H. Snider, Spencer; Joseph D.





Above. Incoming President James E. Graham, Jr., installs the Second District officers for the coming year. (l to r) J. B. Freedland and Freeman C. Slaughter, Delegates; Robert A. George, President-Elect; James P. Bingham, Jr., Vice President; Horace P. Reeves, Jr., Secretary-Treasurer; and Broadus E. Jones, member of the Executive Committee.

Below. New members of the Second District.

Second District

Stewart, Winston - Salem; and Charles R. Wilson, Marshville.

Dr. R. B. Harrell delivered the charge to the new members.

At the Necrology Service, the following deceased members were honored: Dr. Wallace Holcomb, Winston - Salem; Dr. John A. McClung, Winston - Salem; Dr. Floyd T. Johnson, Lexington; Dr. William B. Sherrod, Winston-Salem; Dr. Wilbur Scruggs, Charlotte; and Dr. Carl Wheeler, Salisbury.

The table clinics created so much interest that it was not possible to choose *the* outstanding one this year.

Probably the largest number that ever attended one single lecture at a Second District meeting was commanded by Dr. George W. Crane, noted author and research psychologist. For the dentists, these are some of the points he stressed: "Don't talk down to patients"; "Use short words patients understand"; "Pay every patient a verbal compliment and a smile." Dr. Crane also gave the ladies some good points to think about.

Dr. Leroy Peterson, the oral surgeon from St. Louis, Missouri, discussed ways that surgical intervention at the proper time, with the aid of orthodontic treatment, can save many impacted teeth. "Third molars found to be definitely impacted should be ideally removed during the middle teens," said Dr. Peterson.

The following new officers were installed: James E. Graham, Jr., President; Robert A. George, President-Elect; J. P. Bingham, Jr., Vice President; Horace P. Reeves, Jr., Secretary-Treasurer; Fleming H. Stone, Editor.

O. J. Freund, D.D.S.
Editor
Second District

All Systems Were "Go" at the Third

DUKE 21-CALIFORNIA 7. This was the first business transacted at the Third District Annual Meeting at the Jack Tar in Durham, October 13-15, 1962.

Following the football game on Saturday, all systems were "go" and everyone retired to the Jack Tar for a social hour, buffet dinner and dance. Members and guests from the four other districts numbered 107 for these events.

President Cherry called the business meeting to order with the introduction of distinguished guests, including Dr. George Alexander, vice president of the North Carolina Dental Society.

Dr. Neal Sheffield presented to Dr. C. I. Miller the society's gavel which had been lost for fifteen years and recently recovered. Dr. Sheffield had first presented the gavel, made from wood acquired from various historical spots in North Carolina, to Dr. Miller during his presidency of the district, so it was very appropriate that he should accept it on this occasion. It was noted that Dr. Miller, in his forty years of practice, had never missed but one district meeting.

Dr. Cherry indicated during his president's address that there had been no deaths during the past year. He stated that only 27 per cent of the dentists in the state had contributed to the Research Building Fund. He recommended that the Third District make a contribution, the amount to be determined by the Executive Committee. He further stated that each member should support his school and organized dental societies with the aim of preventing federal intervention into the dental profession.

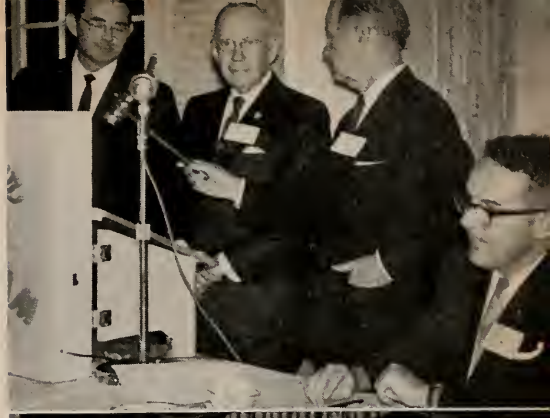
Vice president Charles Horton gave the charge to the following new members: Doctors Galen C. Moser, Noah R. Wilson, Jr., Saunders W. Moore, Harvey Peck, James Bebber, T. R. Oldenburg, Derwood Ashworth, Claude W. Drake, Hugh E. Sutphin, and Robert L. Farmer.

The newly elected officers for the coming year are: C. W. Poindexter, President; Baxter B. Sapp, President-elect; C. R. VanderVoort, Vice President; T. E. Sikes, Jr., Secretary-Treasurer; M. B. Richardson and C. B. Corey, Jr., Delegates.

The golf tournament was held on Sunday with the Hope Valley Country Club acting as host for the men and The Willow Haven Country Club for the women. These tournaments were won by a husband and wife, Dr. and Mrs. Robert Sugg with a 78 and 86 respectively.

The Durham Industrial School was opened on Sunday afternoon allowing 45 members to tour the quarters of the new Dental Tech-

In 1934 Dr. Neal Sheffield presented a gavel fabricated of wood from historical spots in North Carolina to Dr. Charles I. Miller who at that time was President of the Third District. For the last fifteen years the gavel has been lost but now it is found. At the Third District meeting in Durham the scene was re-enacted. Dr. Sheffield presented the gavel once more to Dr. Miller as retiring President M. L. Cherry and Secretary-Treasurer T. E. Sikes, Jr., (r) look on.





Dr. M. L. Cherry (l) hands over the gavel to the new Third District President, Dr. C. W. Poindexter. Other administrative officers for the coming year shown are: Baxter B. Sapp, Jr., President-Elect; C. R. VanderVoort, Vice President; and T. E. Sikes, Jr., Secretary-Treasurer.



Dr. Duncan M. Getsinger's table clinic attracted this interested group at the Third District Meeting at Durham's Jack Tar Hotel.

nicians School by its director, Mr. Wirt.

The Sunday evening session opened with a Social Hour and banquet attended by 197 members and guests. Mr. Harold Styers, Vice President of Home Security Life Insurance Company, was the speaker and provided everyone with satire on the field of advertising.

The scientific program began at 8:30 Monday morning with the presentation of eight table clinics, followed by the featured essayist, Dr. Milton Rode, Professor of Prosthodontics at the University of Pennsylvania School of Dentistry.

Dr. Rode discussed some of the problems commonly encountered during the fabrication of complete dentures and made recommendations and suggested means of solving some of them. His afternoon session was devoted to partial denture construction.

The meeting adjourned at 4:00 p.m. with the awarding of the door prizes.

BAXTER B. SAPP, JR., D.D.S.
Editor
Third District

Fourth Hears Shira

"The common problems in exodontia can be eliminated by a decent diagnosis," according to Colonel Robert B. Shira, Chief of Dental Services, Walter Reed Hospital. Colonel Shira was the main clinician at the 42nd Annual Session of the Fourth District Dental Society which was held in Raleigh September 24-25, 1962. "We suffer not from errors in technique but from miscalculations in diagnosis," he suggested.

Speaking on "Standards of Professional Behavior," Dr. John T. Caldwell, Chancellor, North Carolina State College, addressed the members, at the banquet Monday night which opened the two-day meeting. He was introduced by Dr. G. Fred Hale.

In his presidential address, Dr. C. P. Osborne, Jr., reviewed the progress of the Fourth District throughout its 42-year history, citing the many gains which had been made, and stressed seven guide posts for the future. They were: (1)Fluoridation; (2) Hospital service by dentists; (3) Recruiting of young men for the dental laboratory field; (4) New members; (5) Post payment dental plans; (6) Overhead insurance; (7) Mouth protectors for high school athletes.

Nine new members were inducted. They were: Eli J. Attayek, Raleigh; Edward G. Boyette, Butner; Don F. Jackson, Raleigh; Ruth T. Jackson, Raleigh; Paul Maus, Fuquay Springs; Kenneth H. Oakley, Jr., Raleigh; Charles B. Sabiston, Jr., Smithfield; Ronald W. Whitson, Whiteville; B. K. Wicker, Maxton.

Elected to office for 1962-63 were: Dr. Robert T. Byrd, Raleigh, President; Dr. L. D. Herring, Raleigh, President - Elect; Dr. Joseph M. Johnson, Laurinburg, Vice President; Dr. William H. Oliver, Smithfield, Secretary - Treasurer; Dr. Paul Fitzgerald, Jr., Raleigh, Editor.

Drs. Walter H. Finch, Jr., of Henderson and C. P. Osborne, Jr., of Lumberton were named Delegates.

The Fourth District Auxiliary were guests of Mrs. Terry Sanford at the Governor's Mansion for a

coffee hour Monday morning. Mrs. Henry Zaytoun, President of the Auxiliary, presided at a business session at the Carolina Country Club followed by a luncheon.

Fourth District Auxiliary officers for the coming year are: Mrs. J. M. McAllister, Raleigh, President; Mrs. J. Henry Ligon, Jr., Raleigh, President-Elect; Mrs. Warden L. Woodard, Jr., Garner, Vice President; Mrs. Fred Sproul, Raleigh, Secretary; Mrs. Darwin W. McCaffity, Raleigh, Treasurer; Mrs. Tom Fetzer, Raleigh, Historian.

PAUL FITZGERALD, JR., D.D.S.
Editor
Fourth District







The table clinics at the Fourth District were well attended (top and bottom). In the other picture the officers for 1962-63 are shown: (l to r) L. D. Herring, President-Elect; Joseph M. Johnson, Vice President; William H. Oliver, Secretary-Treasurer; seated is Robert T. Byrd, President.

Continuing Education Urged

Two hundred and twenty members and guests attended the Fifth District meeting at Wrightsville Beach, September 23-24, 1962. A new agenda, designed to allow more time for clinical presentations on Monday, provided for the first business session to be held Sunday night after the traditional banquet.

One quote from Dr. R. B. Barden's presidential address merits the attention of all dentists:

"I think it may be possible that we are overlooking a grave responsibility and missing a wonderful opportunity to increase the stature of dentistry, improve our professional service to the public, and consequently help ourselves. What I am referring to is the provision of continued education or maintenance education, of the larger percentage of dentists who have been out of contact with formal education for a great many years. With the rapidity of advancements in theory, treatment, techniques, and equipment with which to carry out these advancements, we can quickly fall behind and become obsolete if we do not continue to re-educate ourselves to these developments. With the tremendous increase in dental science research, the future promises to even magnify these conditions. I feel that we need a basic refresher course that is readily available, both cost-wise and time-wise, to every dentist. I do not mean an advanced curriculum, but one wherein a man can bring himself up to date with developments in basic dentistry; therefore, assuring his patients better treatment and himself a greater satisfaction and enjoyment, in his service to the public. This, I am sure, could be done by utilizing the wonderful facilities available to us at Chapel Hill."

Dr. James L. Cox charged the new members to uphold the responsibilities of dentistry. New members received at this meeting were: Drs. William B. Gilbert, Jr., New Bern; John D. Hartness, Rocky Mount; Bernard L. Morgan, Wilmington; and Samuel N. Trueblood, Washington.

Dr. Robert Gilbert is the Fifth District President for 1962-63. Other officers include: President-Elect, Dr. W. L. Hand, Jr.; Vice President, Dr. A. Dwight Johnson; Secretary-Treasurer, Dr. James H. Lee; Editor, Dr. Junius H. Rose, Jr.; Executive Committee, Dr. Dar-

New officers of the Fifth District appear at the top: (l to r) W. L. Hand, Jr., President-Elect; James H. Lee, Secretary-Treasurer; Junius H. Rose, Jr., Editor; and Robert H. Gilbert, President. Not present when the picture was made was A. D. Johnson, Vice President. Pictured below are two of the table clinics presented at Wrightsville Beach.







den J. Eure and Dr. Z. L. Edwards; Delegates, Drs. Marvin W. Alridge, E. L. Eatman, H. W. Gooding, James M. Zealy and W. T. Ralph.

A full morning was given to Colonel Robert B. Shira on Monday, as he presented a program on "Changing Concepts and Common Problems in Exodontia and Oral Surgery" and "Oral Surgical Problems in Children." This presentation was given to a capacity crowd.

On Monday afternoon Captain S. E. Tande, (DC) USN gave a program on "Mass Casualty Care." Table Clinics were given by Dr. Britt Beasley, Dr. Raymond Whitehurst, Dr. Ledyard Ross and Dr. Sidney Allen.

During the final business session an invitation from the Onslow County Dental Society to meet in Jacksonville next year was accepted.

James E. Furr, Jr., D.D.S.
Editor
Fifth District

General News

Clinicians Announced

The three main clinicians for the 107th Annual Session in Pinehurst, May 5-8, 1963 have been announced by Dr. E. A. Pearson, Jr., Chairman of the Annual Session Committee. They are: Dr. Max A. Pleasure, Chief, Dental Service V.A. Hospital, Bronx, N. Y.; Dr. Sumter Arnim, Professor of Pathology and Director, Postgraduate, The University of Texas Dental Branch; and Dr. Roy L. Lindahl, Professor and Head, Department of Pedodontics, U.N.C. School of Dentistry.

A.D.A. President Gerald D. Timmons will address the Society at the opening session Sunday night on affairs of interest to the membership of the A.D.A.

The program will generally follow the format of last year, but some changes have been made to improve the program, Dr. Pearson said. Commercial exhibits will open on Sunday afternoon. Previously they were not opened until Monday morning.

Coffee breaks will be scheduled during all scientific sessions.

In addition to a golf tournament and skeet shoot, a tennis tournament and fishing contest will be included in the recreational events scheduled for Sunday afternoon.

Dr. Pleasure will lecture on Geriatric Principles in Prosthodontic Practice. His presentation will include a projected clinic showing the application of the principles in the successive stages of complete denture construction. He is a graduate of the University of Pennsylvania Dental School and holds a Master's Degree in Public Health from Columbia University. He served for 3½ years in the U.S. Army Dental Corps and from 1946 to 1952 he was Associate Professor of Prosthodontics at Columbia University. He has been at the V.A. Hospital in Bronx since 1952 and has published several papers in dental journals, chiefly on occlusion in complete dentures.

Dr. Arnim will present Important Advances in Dental Research of Value to the Dentist and His Patients. This will include the latest information concerning the natural history of periodontal disease and dental caries with its clinical applications to the control of these diseases and the preservation of oral health.

Dr. Lindahl's presentation will center around children's dentistry.

Mouth Guard Reports Requested

Local societies and organizations which conducted mouth protector programs for their high school football teams this past fall are urged to submit information on their programs to Dr. W. L. Hand, Jr., Chairman of the Council on Dental Health and Information.

Special forms for submitting reports can be secured from the Central Office, Dr. Hand said. He indicated that his committee is desirous of making their survey of mouth guard programs in North Carolina as complete as possible and unless local chairmen submit this information voluntarily some programs will be overlooked.

Information is particularly needed on the type of protector used, the number made, and what assistance was given by dentists, laboratory men, coaches, or other school groups.

Be Ready With Your Scrap

Dentists throughout the state are urged to be ready with plenty of scrap amalgam when the week of March 4-9 rolls around.

Mrs. Roy A. Miller, Jr., of New Bern, Chairman of the Auxiliary's Annual Scrap Amalgam Drive, has announced a goal of $3,000 this year for the benefit of the North Carolina Dental Society Relief Fund. Quotas of $600 each have been assigned to each of the five districts and the district producing the most scrap amalgam will be awarded a silver cup at the annual meeting next May, according to Mrs. Miller.

An organized office-to-office collection of scrap amalgam will be made by representatives of dental supply houses and Auxiliary members the week of March 4-9.

The Auxiliary inaugurated its Annual Scrap Amalgam Drive in 1954 and through 1962 it has contributed over $13,000 to the N. C. Dental Relief Fund.

District Officers Meet

Mr. Hal M. Christensen, Washington counsel for the A.D.A. was the principal speaker at the 10th Annual District Officers' Conference at The Carolina in Pinehurst, Saturday and Sunday, December 12 and 13.

Thirty-eight district and state officers and guests at a dinner meeting Saturday night heard Mr. Christensen sum up the accomplishments of the 87th Congress and outline legislative prospects of interest to the dental profession slated for the 88th Congress which convenes in January 1963.

Dr. H. Royster Chamblee, Chairman of the Legislative Committee, presented the objectives of the Society in the 1963 General Assembly.

Sunday morning's session included a paper on Membership Recruitment by Dr. S. Byron Towler, President-Elect of the Society; a summary of actions by the 1962 A.D.A. House of Delegates by Executive Secretary A. M. Cunningham; and an appraisal of the provisions of the Keogh Bill and incorporation of dentists.

District Secretaries attended a special school on Saturday afternoon conducted by the Society's Executive Secretary and Miss Mira Riddle, Central Office Secretary.

Conference President C. W. Poindexter of Greensboro presided at the two-day meeting.

Dr. M. M. Forbes of Lenoir was elected President of the Conference for the coming year. Dr. Baxter B. Sapp, Jr., of Durham was named Vice President and Dr. W. L. Hand, Jr., of New Bern is the new Secretary.

Guilford Dentists Set Seminar

The Guilford County Dental Society will hold its annual one-day Seminar in Greensboro, February 23 with Dr. Lewis J. Marchand of Gainesville, Florida as its guest clinician.

The theme of the meeting will be "Producing More Effective Dental Service for the General Public Through the Team Approach in the Use of Auxiliary Personnel." Each attending dentist will be urged to bring his entire staff to the seminar.

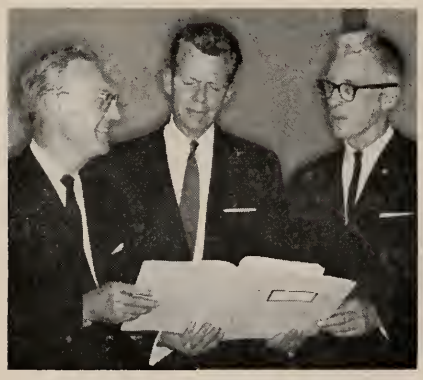
Dr. Marchand received his B.S. Degree in 1940 at the University of Florida and his M.S. Degree from there two years later. He was graduated from Northwestern University School of Dentistry in 1949 and interned in Oral Surgery at Louisville General Hospital in 1950-51.

He is a member of the Florida and American Academies of Dental Practice Administration.

The Gainesville general practitioner is a past president of the Yaupon Study Club and will be its featured clinician at its annual meeting in Chapel Hill next June. Currently he is president of Florida's Central District Dental Society.

Dr. Marchand has lectured to dental groups throughout the state of Florida and in Chapel Hill and New Bern.

Anyone desiring additional information may write Dr. Marion L. Ralls, Program Chairman, 5200 Friendly Road, Greensboro.



New officers of the Dental Foundation, Inc., are all smiles as they look over the report of the Foundation for the past year. (L to R) Dr. John C. Brauer, Chapel Hill, Secretary-Treasurer; Dr. Riley E. Spoon, Jr., Winston-Salem, President; Dr. Ralph D. Coffey, Morganton, Vice President.

Kerr-Mills Legislation Endorsed

Legislation to extend medical care for the aged under the provisions of the Kerr-Mills Act was endorsed by Dr. Edgar T. Beddingfield of Stantonsburg, legislative chairman of the State Medical Society at the 13th annual meeting of the North Carolina Health Council in Raleigh, December 11.

Dr. Beddingfield said the Medical Society would ask the General Assembly to provide an estimated $750,000 in state funds to set up a program to cover X-rays, laboratory tests and certain other types of medi-

cal care, including dentistry. The Dental Society is on record in favor of Kerr-Mills enabling legislation.

Representatives of some 60 health organizations, including the North Carolina Dental Society, attended the day-long meeting.

Simon McNeely of the President's Council on Youth Fitness told the group that only about 40% of the school children in the nation participate in any kind of daily fitness program. "Our citizens need to be physically fit to meet the demands of the time," he asserted.

Panel discussion on health careers, legislation, and home care programs for the chronically ill and aged were included on the program.

Representing the Dental Society at the meeting were: President E. D. Baker, Dr. H. Royster Chamblee, Dr. Henry O. Lineberger, Jr., and Executive Secretary A. M. Cunningham. Mr. Cunningham served as Treasurer of the Health Council during the past year.

Auxiliary Takes Oldsters Shopping

Charlotte senior citizens confined to wheel chairs were taken Christmas shopping by members of the Charlotte Dental Auxiliary during the last week in November. This is an annual project with dentists' wives in the Queen City.

State Senator Irwin Belk and Charlotte Mayor Stanford Brookshire were on hand to greet the wheel chair shoppers at Belk's Department Store where they were guests at a luncheon following the shopping tour.

Said Mayor Brookshire of the project: "I commend the Charlotte Dental Auxiliary on their annual Christmas Wheel Chair Shopping Project, which I consider serves a special need of many handicapped senior citizens."

Insurance Benefits Increased

Two items supplementing the information in "Group Insurance Plans for N.C.D.S. Members" which appeared in the September 1962 issue of the *Journal* are called to the attention of the membership.

An Extended Benefits Plan is now available on an optional basis under the A.D.A. Group Accident and Health Insurance Program which will permit members insured under the basic plan to obtain coverage in amounts ranging from $100 to $400 per month and extend their sickness benefits from 2 to 7 years and their accident benefits from 5 years to life.

Dentists insured under the A.D.A. Group Life Insurance Program received in the calendar year 1962 a 20% increase in their basic insurance benefit. For example, a basic death benefit was increased to $24,000 (or $34,000) in the event of accidental death. Continuance of this additional benefit in 1963 with no increase in premium will depend on favorable experience in 1962.

Hickory Dentists Organize

The dentists of Hickory recently formed the Hickory Dental Society. Previously, the dentists had not been organized on a local level but had been and will continue to be a part of the Tri-County Dental Society

composed of dentists from Burke, Caldwell, Catawba, Alexander, and Lincoln counties.

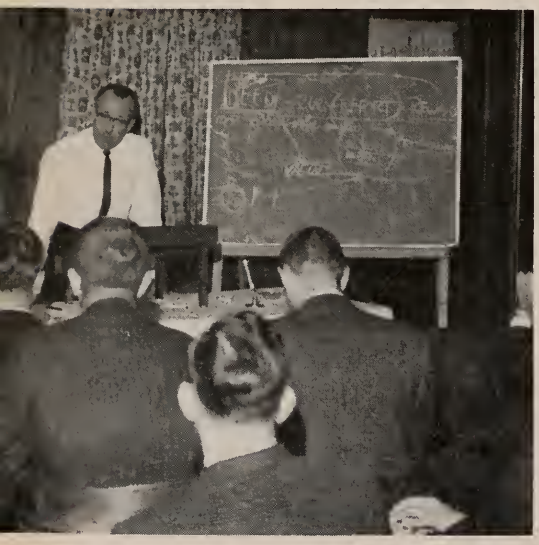
Officers elected for the new group include: Dr. David Abernethy, President; Dr. Conrad Fritz, Vice President; and Dr. William McDowell, Secretary-Treasurer.

Speaker for the first meeting of the group was James C. Barker, of the First National Bank of Catawba County.

60 Dentists Attend Children's Dentistry Meeting in Greensboro

The North Carolina Society of Dentistry for Children had its annual two-day fall seminar at Holiday Inn South, Greensboro, November 2-3.

Featured speaker was Russell Haney, Ph.D., prominent practicing psychologist from Sherman Oakes, California, who discussed concepts of human communication and the relationship between communication and learning, particularly under stress. He also covered the relationship between the dentist and the small patient's parents.



Dr. Russell Haney, prominent practicing psychologist of Sherman Oakes, California speaking before the North Carolina Society of Dentistry for Children in Greensboro in November.

"It is better to allow the patient to maintain a moderate amount of anxiety during the treatment since he probably will be more cooperative and will take better care of the investment made in his mouth. Things we work for are more valuable to us than what we get without effort, and we want the patient to work with the dentist," he said.

"Fear of dentistry by the patient may have lessened somewhat in recent years due to increased knowledge and the use of educational psychology and related fields and improved equipment."

Approximately 60 dentists from North Carolina and nearby states attended.

At the banquet and business meeting Friday night, outgoing President Roy Lindahl, Chapel Hill, presented the gavel to Glenn Bitler, Raleigh, new President of the group. Dr. Bitler was cited for bringing national recognition to the North Carolina organization for heading the most rapidly growing unit in the nation. The North Carolina unit now has 164 members. There are some 8,000 members nationally.

Newly elected officers are Dr. Zeno Edwards, Jr., Washington, President-elect; Dr. Barry Miller, Charlotte, Vice President; Dr. James King, Chapel Hill, Sec-Treas. Elected to serve on the Board of Directors were: Dr. James Cox, Goldsboro; Dr. Cecil Pless, Jr., Asheville; Dr.

Lloyd Stanley, Raleigh; and Dr. Maurice Richardson, Albemarle.

Dr. Wilton Krogman, Children's Hospital, Philadelphia, will be the speaker at the annual one-day spring seminar April 4, 1963, in the Medical School Auditorium in Chapel Hill. Dr. Krogman is internationally recognized for his work in growth and development. There will be no registration fee for the seminar. Members of the group will receive a mailing prior to the meeting. Nonmembers and those wishing information should contact the secretary, Dr. James King, School of Dentistry, P. O. Box 750, Chapel Hill, N. C.

Space Medicine Research To Highlight Hinman

New horizons in dentistry growing out of space medicine research will highlight the 51st annual Thomas P. Hinman Dental Meeting March 24-27 in Atlanta.

Dr. Charles H. Smith, general chairman of the meeting which is expected to attract 2,000 dentists, said that new medicines and techniques being developed for space flight which affect dentistry will be a feature of the meeting.

Brigadier General Charles H. Roadman, director of Space Medicine for the National Aeronautics and Space Administration, will address the meeting. General Roadman, who is a member of the U.S. Air Force Medical Corps, will speak on "Space Medicine in Support of Manned Space Flight."

He is expected to reveal research affecting dentistry which is being learned from the program which researches problems of man's ability to perform in space and develop measures to assure his protection in space.

In addition to emphasis on developments brought about by space travel, dentists who attend the annual "post-graduate" meeting will hear the following speakers:

Dr. Herbert Bartelstone, assistant professor of Pharmacology at Columbia University's College of Physicians and Surgeons, "Pharmacologic Basis of Dental Practice";

Dr. Robert Gottsegen, associate clinical professor of Periodontics at the Columbia University School of Dental and Oral Surgery, "Recent Developments in Periodontics";

Dr. Arthur Elfenbaum, professor emeritus of the University of Illinois and Northwestern University, "Diagnosis is the Key to Practice Building";

Dr. Harold C. Kilpatrick, New Canaan, Conn., "Work Simplification in Dental Practice";

Dr. Kenneth E. Lawrence, Kansas City, Mo., "The Practical Approach to Optimum Dentistry for the Young Patient";

Dr. Gino Passamonti, associate professor and chairman of the department of Prosthetics at the University of Detroit School of Dentistry, "Immediate Maxillary Denture Versus Mandibular Natural Dentition: Function and Esthetics";

Dr. Charles M. Stebner, Laramie, Wyoming, "Operative Dentistry—Materials, Techniques, and Philosophy," and

Dr. Robert E. Moyers, professor of dentistry (Orthodontics) at the University of Michigan, "Orthodontics in General Practice."

The program will include the largest array of technical exhibits in the South.

A number of social events—in-

cluding fraternal meetings and an extensive program for ladies who attend—will be included.

The Thomas P. Hinman Meeting, established by an illustrious dental pioneer to keep dentists in the South abreast of latest developments and techniques in the profession, is under the auspices of the Fifth District Dental Society.

Dr. John O. Wilson is president.

For reservations or additional information, write Dr. Charles H. Smith, 33 Ponce de Leon Avenue, NE, Atlanta 8, Georgia.

10 Enrolled In Lab Course

Ten young men are currently enrolled in the course in dental laboratory technology at the Durham Industrial Education Center, according to Forrest D. Wirt, director of the program.

The course, which is being taught at only four other schools in the nation, is designed to train students to produce full and partial dentures, metal inlay and crowns and bridgework required by dentists for their patients.

The course was established this past September by the Durham Board of Education in cooperation with the North Carolina Dental Society and the U.N.C. School of Dentistry. It is one of a variety of two-year post-high school courses offered at the center.

Skills required for the course range from a study of mathematics, metallurgy and dental anatomy to jurisprudence and professional relations between segments of the dental health team.

Classes in the 19 subjects studied by the students include some 35 hours of classroom and laboratory work each week in the two nine-



The brand new facilities for training dental laboratory technicians at Durham's Industrial Education Center impressed the dentists and guests attending the Third District Meeting in Durham this past fall.

month school years of the course.

Potential dental laboratory technicians undergo a stiff entrance examination and Mr. Wirt reports that less than half of the applicants for the course this year were accepted. He pointed out that this high level of ability of the students, plus the accelerated teaching methods made possible in the classroom and laboratory gives this program a decided advantage over the old apprenticeship program where a man was trained on the job.

Public Health Building To Be Dedicated

Formal dedication of the University of North Carolina School of Public Health building will take place April 6 and 7, 1963, it has been announced by Edward G. McGavran, M.D., Dean. Theme of the program will be "Schools of Public Health: Past, Present, and Future." Included will be a series of symposia dealing with the role of schools of public health in contemporary society.

Alumni and public health practitioners in all fields of activity are invited to be present. Further information may be obtained by writing to the Dean, School of Public Health, Drawer 229, University of North Carolina, Chapel Hill, North Carolina.

CORRECTION

Our apologies to Past President Norman F. Ross and current President-Elect S. Byron Towler.

In the September 1962 issue of the JOURNAL, a picture of Dr. Ross incorrectly appeared at the top of page 7 ("The President-Elect Speaks") instead of a picture of Dr. Towler. The JOURNAL regrets this error.

Components' Rights Uphold

Officials of the American Dental Association and representatives of several of the constituent societies met in New Orleans on January 7 to discuss Association business.

The Conference unanimously agreed that the right of the component society to determine the qualifications of its members shall be preserved and that the right of the component society to classify its active members of the constituent society and of the American Dental Association be maintained.

Representing North Carolina at the Conference were: Dr. E. D. Baker, President; Dr. S. Byron Towler, President-Elect; Dr. Dennis S. Cook, Secretary-Treasurer; Dr. Frank O. Alford and Dr. Paul E. Jones, ADA Delegates; Dr. Z. L. Edwards, Chairman, Constitution and Bylaws Committee; and Executive Secretary Andrew M. Cunningham.

Obituary

Dr. Wallace W. Umphlett, 39, of Wilson, a member of the Fifth District, died August 26, 1962.

The New Enlarged Program of

DISABILITY INSURANCE

AVAILABLE TO MEMBERS OF

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- $20.00 PER DAY EXTRA HOSPITAL BENEFIT, AND UP TO $225.00 SURGICAL BENEFITS FOR MEMBER AND DEPENDENTS (Optional)

PLAN A (Basic)

Lifetime Accident and 7 Years Sickness

Weekly Benefits	Dismemberment Benefits	Principal Sum For Accidental Death	SEMI-ANNUAL PREMIUMS Premium Over Age 35	†Reduced Premium To Age 35
$250.00	Up to $50,000.00	$5,000.00	$244.50	$183.50
$200.00	Up to $40,000.00	$5,000.00	$196.50	$147.50
$150.00	Up to $30,000.00	$5,000.00	$148.50	$111.50
$100.00	Up to $20,000.00	$5,000.00	$100.50	$ 75.50

PLAN AA (Long Term)

Lifetime Accident and For Sickness, from Inception of Disability To Your Attainment of Age 65

Weekly Benefits	Dismemberment Benefits	Principal Sum For Accidental Death	SEMI-ANNUAL PREMIUMS Premium Over Age 35	†Reduced Premium To Age 35
$250.00	Up to $50,000.00	$5,000.00	$292.00	$219.25
$200.00	Up to $40,000.00	$5,000.00	$234.50	$176.00
$150.00	Up to $30,000.00	$5,000.00	$177.00	$133.00
$100.00	Up to $20,000.00	$5,000.00	$119.50	$ 89.75

The premiums for Plan AA will be reduced to the same premium as for Plan A at age 58.

Note: The above rates **do not** increase at age 40, 50 or even at age 60!
†On attaining age 35, over age 35 rates apply on renewal.

J. L. CRUMPTON, State Mgr.

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THE Journal
OF THE NORTH CAROLINA DENTAL SOCIETY

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of

STATE AND DISTRICT COMMITTEES

and

ROSTER OF MEMBERS

Listed alphabetically and by towns

January 1, 1963

The use of this roster as a general mailing list is prohibited except by specific authority.

Supplement | January, 1963 | Vol. 46, No. 2

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January 1, 1963

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Garber, M. R. (3) Hill Building.....Albemarle
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Graham, C. Allen, Jr. (3) Moore St.....Southport
Graham, Frank R. (2) 1350 St. Julien St.....Charlotte 5

Graham, James B. (1) 815 E. King St.....Boone
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Johnson, W. H. (5) Plymouth
Johnson, W. Harrell (3) Southern Pines
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Williams, Jabez, Jr. (2) Box 866 Thomasville
Williams, James L. (3) Box 188 Pittsboro
Williams, Joel S. (2) 120 S. Tradd St. Statesville
Williams, John R. (2) 637 Nissen Bldg. Winston-Salem
Williams, R. E. (5) 210 N. Herman St. Goldsboro
Williamson, B. W., Jr. (3) Hamlet
Williamson, J. F. (3) Wadesboro
Williford, John W. (3) 90th Medical Detachment APO 154 New York, N. Y.
Williford, William E. (2) 2032 Hutchison Ave. Charlotte
Willis, Guy R. (3) 910 111 Corcoran St. Bldg. Durham
Wilson, Charles R. (2) Box 147 Marshville
Wilson, F. M. (2) 101 S. Hayne St. Monroe
Wilson, G. Curtis (5) 405 W. Nash St. Wilson
Wilson, Noah R., Jr. (3) Box 755 Pittsboro
Wilson, Noracella McGuire (1) 20 E. Main St. Sylva
Wilson, Roy W. (2) 1402 E. Morehead St. Charlotte
Wilson, William D. (1) 212 D West Second Ave. Gastonia
Winchester, P. W. (1) Box 628 Morganton
Winstead, J. L., Jr. (1) Box 709 Hendersonville
Winter, Carlton V. (2) 1613 Montford Drive Charlotte 9
Withers, R. M. (2) Davidson
Wolfe, Carl B. (3) 1025 Madison Ave. Greensboro
Woltz, William L., Jr. (4) Box 257 Sanford
Wood, Matthew T. (3) UNC School of Dentistry Chapel Hill
Woodall, D. C. (4) Box 37 Erwin
Woodard, W. L. (5) Beaufort
Woodard, Warden L., Jr. (4) Garner Prof. Center, Route No. 1 Garner
Woody, F. Spencer (3) Roxboro
Woody, J. L. (1) Box 335 Bryson City
Woody, L. W. (1) Box 556 Spruce Pine
Woody, L. W., Jr. (1) Box 556 Spruce Pine
Woody, M. E., Jr. (1) 318 South St. Gastonia
Woody, W. L. (1) 318 South St. Gastonia
Wooten, A. L. (5) First Union Nat'l. Bank Bldg. Wilson
Wooten, C. L. (4) Box 563 Whiteville
Wooten, George A. (5) Box 163 Snow Hill
Wright, Dan (5) 602 E. 10th St. Greenville
Wright, E. K., Jr. (5) Box 48 Williamston

—Y—

Yates, P. P. (1) Hedrick Bldg. Lenoir
Yates, Robert A. (4) Box 465 Chadbourn
Yelton, John L. (1) Box 35 Shelby
Yelton, William D. (1) Box 795 Hickory
Yelton, W. F. (2) 531 Nissen Bldg. Winston-Salem
Yelverton, Hugh (5) Box 984 Wilson
Yokeley, Gilbert W. (2) 409 O'Hanlon Bldg. Winston-Salem
Yokeley, K. M. (2) 767 Oaklawn Ave. Winston-Salem
Young, D. C., Jr. (2) Medical Arts Bldg. Salisbury
Young, Douglas M. (2) 834 Nissen Bldg. Winston-Salem
Young, H. L. (5) 119 North Church St. Rocky Mount
Young, Thurman L. (4) 920 W. Johnson St. Raleigh
Young, W. H. (5) Burgaw
Young, W. Kenneth (3) 153 Bishop St. Greensboro

—Z—

Zaytoun, Henry S. (4) 502 St. Mary's St.....Raleigh
Zealy, James M. (5) 610 N. Jefferson St.....Goldsboro
Zibelin, C. V. (5) Box 407.....Wallace
Zimmerman, H. Stokes (2) 804 Nissen Bldg.....Winston-Salem
Zimmerman, John W., Jr. (2) 405 Wallace Bldg.....Salisbury
Zimmerman, L. H. (3) Security Bank Bldg.....High Point
Zimmerman, L. R. (3) Security Bank Bldg.....High Point
Zimmerman, T. R. (3) Security Bank Bldg.....High Point
Zuccarella, James B. (2) 206 Lake Concord Rd.....Concord

RETIRED MEMBERS

Atwood, T. W. (3) 9 Carolee Apts., Elder St.....Durham
Belvin, D. L. (2) 2126 Coniston Place.....Charlotte 7
Jones, William F. (2) 404 D. St.....North Wilkesboro
Nance, A. W. (4).....Point Harbor

NORTH CAROLINA DENTAL SOCIETY

MEMBERS

Arranged by Towns and Showing District in Which Each Town Is Located

ABERDEEN, 3rd District
Medlin, E. M.
VanderVoort, C. Robert

AHOSKIE, 5th District
Brown, J. B.
Ferro, Edward R.
Leary, Thomas E.

ALBEMARLE, 3rd District
Bowen, Carl Lee, Jr.
Drake, Claude W.
Garber, M. R.
Miller, C. I.
Overcash, R. F.
Richardson, Maurice B.
Smith, Robert L.
Stonestreet, F. M.

ANDREWS, 1st District
Ezzell, L. L.

ANGIER, 4th District
Pate, Grover C.

APEX, 4th District
Bryan, C. H.
Jones, Marvin T., Jr.
Pearson, Paul L.
Upchurch, Jack B.

ARDEN, 1st District
Reeves, James D.

ASHEBORO, 3rd District
Atwater, John W., Jr.
Bulla, Thurman C.
Davis, Hal A., Jr.
Grimsley, W. R.
Kilpatrick, Ralph E.
McIntosh, James A.
Menius, John W.
Presnell, O. L.
Suggs, Joseph R.
Thomas, J. T., Jr.

ASHEVILLE, 1st District
Barker, O. C.
Becker, D. H.
Candler, C. Z., Jr.
Carpenter, M. W.
Carrell, George H.
Clark, Walter E.
Crawford, D. H.
Cunningham, F. S.
Davis, Frank W.
Davis, Walter H.
Dudley, D. W.
Gerdes, C. Don
Girard, John W., Jr.
Hatchett, C. Mitchell, Jr.
Hoffman, Robert R.
Holmes, Robert Waide
Hooper, L. J.
Hoyle, Frank W.
Keener, Harold
Kennerly, Robert B.
Lemler, John F.
Lockwood, A. T.
McCracken, Clayton H.
McFall, Walter T.
Martin, Franklin E.
May, H. M.
Morris, Thomas A.
Mundy, Carl R.
Mynatt, William A.
Patterson, G. K.
Pennell, William T.
Pless, C. A.
Pless, Cecil A., Jr.
Ray, Kenneth M.
Rich, C. Frank
Riddle, A. C., Jr.
Roberson, Joe Baxter
Roberts, Pearce, Jr.
Rogers, E. Kent, III
Russell, L. T.
Ryon, W. Eugene, III
Shapiro, Eugene N.
Sherrill, Claude A., Jr.
Truluck, Moultrie H.
Turbyfill, W. J.
Walker, Curley G.
Weaver, R. C.

AYDEN, 5th District
Brown, Oscar Hubert
Gooding, Herbert W.

BAKERSVILLE, 1st District
Masters, W. B.

BANNER ELK, 1st District
Johnson, William McD.

BEAUFORT, 5th District
Rudder, William L.
Woodard, W. L.

BELHAVEN, 5th District
Ralph, W. T.

BELMONT, 1st District
Breeland, W. H.
Hagerty, Edward H.
Moses, Joseph M.
Taylor, Preston R.

BENSON, 4th District
Heeden, W. M., Jr.
Sanders, Cleon W.

BESSEMER CITY, 1st District
Pruett, J. E.

BETHEL, 5th District
Bowden, H. B.

BLACK MOUNTAIN, 1st District
Brake, E. K.
Love, James H.

BOONE, 1st District
Glenn, Edmond T.
Graham, James B.
Lawrence, Jack D.
Matheson, William M.
Reese, Gene L.

BOONVILLE, 2nd District
Craver, A. W.
Lee, John G.

BREVARD, 1st District
Clayton, W. S.
Grahl, Carol Linwood, Jr.
Prugh, John L.

BRYSON CITY, 1st District
Crisp, J. E.
Woody, J. L.

BURGAW, 5th District
Young, W. H.

BURLINGTON, 3rd District
Apple, Howard D.
Brannock, R. W.
Caddell, F. S.
Coble, Albert V.
Easley, Ernest E.
Foushee, L. M.
Frost, J. S.
Garrison, N. W.
Gilliam, F. E.
Hinson, Thomas R.
McFarland, Wilbur G., Jr.
McKenzie, Owen Ray
Moore, Saunders W.
Moser, Galen C.
Murray, Henry V.
Murray, Henry V., Jr.
Newman, Joseph B.
Patterson, George G.
Perdue, H. L.
Roberts, J. Ernest
Scott, Ludwig G.
Slott, E. F.
Stephens, John A.
Vollmer, T. D.
Wilkins, Ralph A.

BURNSVILLE, 1st District
Ransom, Robert K.
Whisnant, C. M.

BUTNER, 4th District
Boyette, Edward G.
Marshburn, J. A.

CAMP LEJEUNE, 5th District
Burns, William D.
Davis, Wilburn A.

CANDLER, 1st District
Cole, Hugh H.

CANDOR, 3rd District
McDuffie, A. A.

CANTON, 1st District
Bottoms, Alton W.
Cline, Albert P.
Cline, Albert P., Jr.
Hair, J. E.
Powell, William H.
Rhea, R. C.
Wells, C. T.
Wells, Carey T., Jr.

CARRBORO, 3rd District
Kennedy, K. Carroll

CARTHAGE, 3rd District
Underwood, Alvin E.
Underwood, F. H.

CARY, 4th District
Davis, Edwin B., Jr.
Hamilton, R. P.
Hatcher, Hubert E.

CHADBOURN, 4th District
Yates, Robert A.

CHAPEL HILL, 3rd District
Baker, Benjamin R.
Barker, Bennie D.
Barton, Roger E.
Bawden, James W.
Brauer, John C.

Burns, E. R.
Burns, William T.
Cathey, Gerald M.
Chapin, M. E.
Clark, Dwight L.
Crandell, C. E.
Cummings, Paul M., Jr.
Darden, T. H.
Demeritt, W. W.
Dobson, David P.
Evans, Marvin R.
Higley, L. B.
Holland, Murry W.
Hunter, Grover C., Jr.
King, James B., Jr.
Lindahl, R. L.
Lupton, Cecil R.
McFall, Walter T., Jr.
Marks, Sandy C.
Miketa, Andrew J.
Mitchell, David L.
Mitchell, Patricia S.
Nelson, R. M.
Newton, Maurice E.
Oldenburg, T. R.
Oldham, Floy T., Jr.
Price, A. Dwight
Reap, Charles A., Jr.
Richardson, R. E.
Sager, Robert H.
Schneider, William Gene
Shankle, Robert J.
Shoulars, H. W., Jr.
Sluder, Troy B., Jr.
Sockwell, C. L.
Sowter, John B.
Strickland, William D.
Sturdevant, C. M.
Sturdevant, R. E.
Webster, William P.
Wood, Matthew T.

CHARLOTTE, 2nd District

Albright, L. B.
Alford, Frank O.
Allen, Thomas I.
Archer, John M., III
Austin, Edward U.
Ballard, David L.
Banker, L. L., Jr.
Barksdale, Stuart A.
Barringer, Martin D.
Bean, William C.
Belvin, D. L. (Retired)
Benfield, Robert H.
Biddix, Clarence F.
Bishop, E. L.
Black, A. R.
Bumgardner, A. S.
Bumgardner, L. Franklin
Burroughs, Robert C., Jr.
Campbell, Ralph B.
Cash, Allan H.
Chapman, William K.
Compton, Dudley D.
Cook, Adolphus J.
Cooley, Julius Richard
Couch, C. Dean, Jr.
Craig, Joe B.
Culbreth, F. H.
Dixon, John H.
Elliott, James J.
Evans, Donald C.
Fox, Burke W.
Freedland, J. B.
Funderburk, Ervin M.
Galarde, A. J.
Gibbs, John William
Graham, Frank R.
Graham, James E., Jr.
Guion, J. Homer
Hamer, Thomas N.
Harrelson, Henry C., Jr.
Harris, Edward F.
Haynes, Frank K.
Heinz, J. W.
Hoffman, Milo J.
Hoover, Dan C.
Hoover, R. H.
Hull, P. C.
Hull, P. C., Jr.
Hull, Robert H.
Irwin, John R.
Jarrell, William A., Jr.
Jarrett, Charles A.
Jarrett, Clyde H., Jr.
Jarrett, John H.
Johnson, Ronald L.
Johnston, Charles M.
Jordan, John J.
Keerans, James L.
Keiger, Cyrus C.
Kendrick, Vaiden B.
Kendrick, Z. Vance, Jr.
Kirkendol, E. C.
Kiser, J. Donald
Krueger, G. L.
Lentz, B. P.
Libby, Robert H.
MacKay, Noel C.
Miles, Robert C.
Miller, Barry G.
Moore, E. D.
Morris, Donald W.
Morris, Ernest
Moses, John E.
Motley, Elliot R.
Nisbet, Thomas G.
Owen, Olin W.
Parker, Henry C.
Patterson, Henry B.
Peeler, L. B.
Peery, W. Stewart
Petersen, Sidney D., Jr.
Petree, R. E.
Pharr, John R.

Reeves, Horace P., Jr.
Rehm, Jerome G.
Reitzel, Larston L.
Reynolds, John A. S.
Roach, Thomas H.
Rogers, John T.
Ross, Grady
Ross, Heywood
Schmucker, Ralph
Short, L. H.
Smith, James R.
Spencer, William R.
Stone, Fleming H.
Stowe, G. C., Jr.
Stroup, Paul A., Jr.
Taylor, C. F.
Taylor, Lois E.
Templeton, William B.
Thorpe, J. O.
Troutman, Dennis F.
Twisdale, Harold W.
Wall, Lester E.
Waller, D. T.
Watson, Robert H.
Webster, B. H.
Williams, Egbert P.
Williford, William E.
Wilson, Roy W.
Winter, Carlton V.

CHERRYVILLE, 1st District
Smith, Ray Hoyle

CHINA GROVE, 2nd District
Thompson, Harold W.

CLARKTON, 4th District
Keith, William C.

CLAYTON, 4th District
Payne, J. M.
Tew, J. J.

CLEMMONS, 2nd District
Nifong, Paul D.

CLIFFSIDE, 1st District
Hunt, John J.

CLINTON, 4th District
Bell, Morris L.
Herring, W. I.
Jackson, Wilbert
Powell, J. B.
Turlington, R. H.

CLYDE, 1st District
Miller, George I.

COLUMBUS, 1st District
Oliver, John Nelson

CONCORD, 2nd District
Carlough, Robert D.
Corl, Marshall B.
Davis, Joe V., Jr.
Ezzell, J. W.
Furr, Curtis E.
Harrell, Daniel B., Jr.
Jones, B. E., Jr.
Patterson, R. M.
Reece, J. P.
Wadsworth, Charles H.
Zuccarella, James B.

CONOVER, 1st District
Canrobert, C. W., Jr.
Drum, Borden C.

CONWAY, 5th District
Clark, George E.

CROSSNORE, 1st District
Sloop, W. M.

DAVIDSON, 2nd District
Withers, R. M.

DENTON, 2nd District
Franklin, A. J.

DOBSON, 2nd District
Folger, J. M.

DRAPER, 3rd District
Sugg, C. H.

DREXEL, 1st District
Fair, Ronald E.

DUNN, 4th District
Bain, C. D.
Hooper, Glenn L.
Jernigan, J. A.
Jernigan, Jerry O'D.
Roberts, C. E.
Townsend, Gordon L.

DURHAM, 3rd District
Adams, C. A., Jr.
Adams, C. A., III
Ashworth, Derwood L.
Atwood, T. W. (Retired)
Bell, John T.
Blum, Thomas A.
Bowling, Howard X.
Byerly, Charles T., Jr.
Carr, Daniel T.
Carr, Henry C.
Cherry, M. L.
Citrini, Richard J.
Clark, C. F., Jr.
Dilday, John S.
Dixon, T. L.
Dorton, John
Draughon, Donald R.

Draughon, Wallace R.
Georgiade, N. G.
Getsinger, Duncan M.
Griffin, W. Kimball
Harris, Guy V.
Heath, LeRoy K.
Hinson, J. Y.
Howell, W. C.
Kanoy, B. Edmond
Kirkland, George F., Jr.
Lazenby, Glenn A., Jr.
Leggette, James A., Jr.
Little, Thomas A.
Monk, Henry L., Jr.
Quinn, Galen W.
Ross, Norman F.
Ross, Thurman J.
Sapp, Baxter B., Jr.
Stallings, June H., Jr.
Stallings, Riley S., Jr.
Sugg, R. W.
Sutphin, Hugh E.
Underwood, J. T.
Walker, M. E.
Willis, Guy R.

EAST BEND, 2nd District
Garriott, Rosebud Morse

EDENTON, 5th District
Griffin, Wallace S.
Hart, W. I.
Hines, Richard N., Jr.

ELIZABETH CITY, 5th District
Gollobin, Arthur
Griffin, Lloyd E.
Johnston, C. D., Jr.
Nixon, Henry E.
Riggs, A. F.
Spence, W. M.

ELIZABETHTOWN, 4th District
Johnson, Clemuel Mansey

ELKIN, 2nd District
Fox, M. O.
Harrell, James A.
Harrell, R. B.
Pruett, Lewis D.
Schiebel, E. C.

ENKA, 1st District
Maddox, James H.
Qualls, Dixon L.

ERWIN, 4th District
Woodall, D. C.

FAIR BLUFF, 4th District
Waddell, M. A.

FAIRMONT, 4th District
Fields, Paisley
Floyd, Daniel J.
Purvis, P. C.

FALLSTON, 1st District
Lackey, A. A.

FARMVILLE, 5th District
Jones, Paul E.
Mercer, William C., Jr.

FAYETTEVILLE, 4th District
Beck, Charles H.
Brooks, Robert Edgar
Gainey, Robert H.
Goodwin, C. J.
Grimes, William F.
Hale, J. P.
Holzbach, Richard L.
Lee, Douglas D.
Lessem, Robert B.
Maxwell, H. E.
Mohn, R. L.
Olive, Clarence S.
Olive, R. M., Sr.
Olive, R. M., Jr.
Owens, William R.
Paschal, Lawrence H.
Pridgen, Edward Neese
Renfrow, R. R.
Roberson, Robert W.
Sappington, Roy R., Jr.
Smith, Newton
Wiggs, William J.

FLETCHER, 1st District
Port, Forest Chester

FOREST CITY, 1st District
Abernethy, Charles V.
Eaker, Yates H.
Griffith, Charles Lee
McCall, Charles S.
Mauney, R. G.

FOUR OAKS, 4th District
Sanders, Phil S.

FRANKLIN, 1st District
Furr, Walter E.
Grant, Ben P.
Henson, David E.
Lawrence, Eugene W., Jr.

FRANKLINTON, 4th District
Eakes, S. E.

FUQUAY SPRINGS, 4th District
Adcock, George W., Jr.
Edwards, J. R.
Edwards, J. R., Jr.
Maus, Paul

GARNER, 4th District
Tally, William P.
Woodard, Warden Lewis, Jr.

GASTONIA, 1st District
Boyles, J. L.
Current, A. C., Jr.
Current, William A.
Froneberger, H. D.
Highsmith, Chauncey
Houser, James B., III
Lewis, James B.
Lowry, Tolbert W.
Moser, J. E.
Moser, S. E.
Rhyne, Howard S.
Sherrill, L. T., Jr.
Taylor, Kenneth, Jr.
Walker, Woodrow W.
Wilson, William D.
Woody, M. E., Jr.
Woody, W. L.

GIBSON, 4th District
Gardner, J. M.

GIBSONVILLE, 3rd District
Conrad, C. Richard

GOLDSBORO, 5th District
Boykin, Thomas C.
Carnevale, Reynolds A.
Cox, James L
Delbridge, Matthew G.
Duley, Lyman L.
Early, A. C.
Houston, Ben H.
Mallard, A. R.
Overman, G. L.
Poole, S. D.
Tucker, W. W.
Warren, E. R.
Williams, R. E.
Zealy, James M.

GRAHAM, 3rd District
Johnston, Ben M.
Long, Herbert S.

GRANITE FALLS, 1st District
Icenhower, E. C.

GRANITE QUARRY, 2nd District
Sherman, Clarendon F.

GREENSBORO, 3rd District
Alspaugh, Laurence S.
Atwater, Frank G.
Bartis, Nicholas J.
Brannan, B. M., Jr.
Butler, H. Estes
Butler, Luther H.
Caldwell, J. B.
Caudle, James N.
Corey, Calvin B., Jr.
Coward, W. M.
Crank, J. Cecil
Ditto, W. M.
Efird, Ira P.
Farmer, Robert L.
Finn, James C.
Gay, S. P.
Hall, Thomas A., Jr.
Harned, Robert J.
Henson, J. L.
Holmes, C. Ray
Howell, James B.
Hunsucker, Hugh
Hunter, M. Ray
Irvin, John L.
Johnson, A. H.
Karesh, Harry A.
Kilkelly, T. F.
Kriegsman, Robert M.
Landau, Lad, II
Lasley, J. T.
Lauten, J. J.
Lipscomb, C. T.
Lore, John R.
Patterson, C. E.
Poindexter, C. C.
Poindexter, C. W.
Pressly, W. A.
Ralls, Marion L.
Ray, A. Graham
Rogers, Julian R.
Saunders, W. L.
Sessoms, W. W.
Shaffer, S. W.
Sheffield, Neal
Sheffield, Neal, Jr.
Sigmon, James W.
Sikes, T. E.
Sikes, T. Edgar, Jr.
Solomon, Marshall H.
Southworth, J. D.
Stanford, A. R.
Stokes, Thomas D., Jr.
Stone, C. N.
Tannenbaum, Arthur R.
Taylor, Clyde Leslie
Teague, Charles H.
Turner, James Lynwood
Turner, R. S.
Underwood, R. L.
Whittington, P. B., Jr.
Wolfe, Carl B.
Young, W. Kenneth

GREENVILLE, 5th District
Aldridge, M. W.
Clark, Badger Gill, Jr.
Massey, M. B.
Pearce, O. R., Jr.
Ross, Ledyard E.
Silvers, Jack E.
Wright, Dan

GRIFTON, 5th District
Rasberry, William E.

GUILFORD COLLEGE, 3rd District
Butcher, Dale H.

HAMLET, 3rd District
Adams, Roy G.
Pearce, W. M.
Williamson, B. W., Jr.

HAVELOCK, 5th District
Gooding, Carnie C.
Stoddard, Alan L.

HAZELWOOD, 1st District
Kitts, Warren H.
Spurlin, Max Lewis

HENDERSON, 4th District
Allen, Howard L.
Finch, Walter H., Jr.
Hunt, Joseph T.
Hunter, Thomas M.
Kinlaw, John C.

HENDERSONVILLE, 1st District
Barber, L. B., Jr.
Buchanan, Francis A.
Carpenter, Joseph P.
Carpenter, W. W.
Clark, Alexander
Crowell, J. G.
Dolbee, Earl R., Jr.
Hargrove, W. F.
Holly, Norman J.
Pope, E. F.
Taylor, C. B.
Taylor, Omer W.
Winstead, J. L., Jr.

HENRIETTA, 1st District
Hamrick, T. Hicks, Jr.

HERTFORD, 5th District
Bonner, Allan B.

HICKORY, 1st District
Abernethy, David
Abernethy, G. Shuford
Bost, John Dewey
Brady, C. A., Jr.
Brown, C. Fred
Clayton, S. Fletcher
Davenport, H. V.
Fritz, C. B.
Fritz, John R.
Frye, D. G., Jr.
McDowell, William W.
Poovey, Auburn L.
Price, James L., Jr.
Williams, H. T.
Yelton, William D.

HIGHLANDS, 1st District
Moreland, Jessie Z.

HIGH POINT, 3rd District
Anderson, G. N.
Andrews, John L., Jr.
Bencini, E. A.
Campbell, William R.
Cashion, Leonard R.
Dawson, I. C.
Edwards, Edgar E.
Gibson, Sam Bryce
Hart, Samuel T.
Hester, Elliott M.
Hinson, William P., Jr.
Horton, C. W.
Jarvis, William C.
Johnson, Numa C., Jr.
Kiser, Winford J.
McKaughan, W. R.
Megginson, L. P., Jr.
Surles, Charles W., Jr.
Zimmerman, L. H.
Zimmerman, L. R.
Zimmerman, T. R.

HILLSBORO, 3rd District
Moore, H. W.

HUDSON, 1st District
Hefner, Allen Ray

HUNTERSVILLE, 2nd District
Jurney, Henry C.

JACKSON, 5th District
Grant, L. C., Jr.

JACKSONVILLE, 5th District
Browning, Henry D., III
Daughtry, Curtiss W.
Demary, C. J.
Gaskins, R. Hogan, Jr.
Johnson, C. B.
Jones, William R.
Ketcham, William S.
Ketner, Bruce Alden
Morgan, W. Kenneth
Reid, Thomas B., Jr.
Turner, L. R.

JAMESTOWN, 3rd District
Pitts, D. R.

JONESVILLE, 2nd District
Miller, Fred C.

KANNAPOLIS, 2nd District
Alexander, George S.
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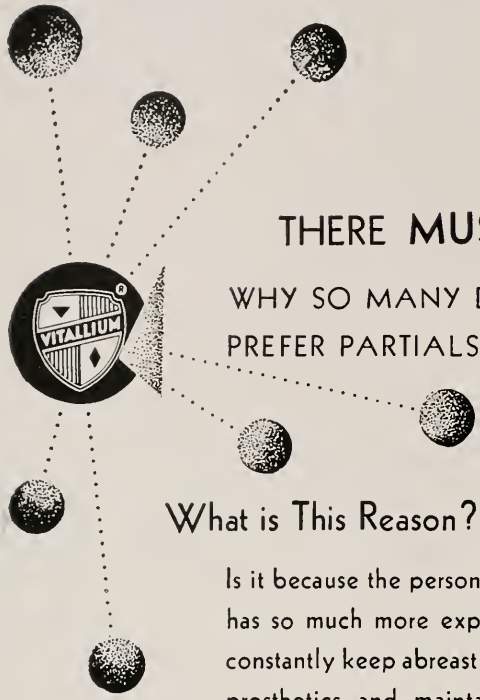
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This issue is dedicated to the memory of—



William Clyde Current, D.D.S.
Statesville, North Carolina
1895-1963

Dr. Current was born July 5, 1895 in Iredell County. He was graduated from Atlanta-Southern Dental College in 1918, served in World War I and began private practice in Statesville in 1919.

He was a life member of the North Carolina Dental Society and the American Dental Association, and a former Secretary-Treasurer of the Second District Dental Society. He was a member of the Southern Academy of Periodontology and the Southern Academy of Oral Surgery, and a Fellow of the International College of Dentists. He was a charter member of the Statesville Kiwanis Club, Junior Chamber of Commerce and Elk's Lodge; a life member of the Statesville Shrine Club and Oasis Temple; and a member of the Royal Order of Jesters. He was on the staff of Davis Hospital.

He died February 26, 1963. Besides his wife, the former Ruth Davis of Monroe whom he married in 1943, he is survived by four daughters, Mary Ann, Ruth Davis and Billie Rose Current and Mrs. Dan Overbey III, and three grandchildren.

A man possessed with abounding energy, Dr. Current enjoyed life to its fullest extent. His passing was a great loss to his patients, his profession, his associates, and his friends.



The President's Page

As we enter into the last weeks of the 1962-63 administration, Mrs. Baker and I would like to express our sincere appreciation to all of you for the honor and privilege of serving this year as your President and First Lady. We will always cherish the many kindnesses and courtesies extended to us by so many of you as we have traveled over the state.

I earnestly thank, also, all of the two hundred or more people who serve so willingly and diligently in various capacities—on standing and special committees, on the Executive Committee, as Delegates, on our publication staff, the Board of Dental Examiners and the staff of the Central Office and in so many other areas.

Furthermore, when we consider that Districts interrelate their programs and functions with the overall effort toward organized dentistry of our State Society, there are altogether some six hundred members to whom I want to say, "Thank you for your active help in this year's endeavors." To one and all, I am most grateful. I am looking forward to seeing you in Pinehurst. Alex Pearson as general chairman, and the annual session committees have arranged a fine program.

Edgar D. Baker, D.D.S.

Editorials

A MAGIC PILL

Too many of us place the need to study the dental manpower situation in the same category as automobile accidents — that is, it is for the other man, not me. It is true that many of our research men make the actual studies, but once they make their report, we should become acquainted with the facts.

For the past thirty years we have been witnessing a phenomenal growth of the Federal government. This growth will continue as long as it is to the advantage of the government to grow. By this line of reasoning, we should see to it that is not advantageous for the government to envelop us. Here is where dental manpower enters the picture.

Dental manpower should not have a limited meaning, such as the number of available, efficient, and productive man hours producing dental services. It is true that more people with better education will increase our national income, and this in turn will increase the demand for more dental services. It is also true there are plans to increase the number of graduate dentists, hygienists, assistants, and technicians. Increased office efficiency, planning, and equipment is playing an important part. All of these ideas are very important, but — are they enough?

Our dental society should study the dental manpower problem from two angles. One should be the mechanical, which is discussed in detail in this issue. The other should be from the sociological. By sociological we mean having a well-organized, well - publicized, and workable plan sponsored and operated by the dental profession to render dental services to those that are indigent. It is true that we cannot care for all the indigent. This would break our backs. Our State Society should, however, make a careful study as to the number of indigent in our state, what dental services they need, and what services they are now getting. Some local dental societies are attempting to provide some indigent care. Others are not. Some are successful, and others are not. All thoughts and ideas should be collected and consolidated. Programs from other states should be studied.

A plan for care of the indigent should evolve. District and local

dental societies would carry out details of the plan. The individual dentist would have a responsibility to help make the plan workable. The individual dentist can only be successful if there are enough dentists, hygienists, and technicians available to increase his efficiency to the end that more time can be devoted to charity without upsetting his income.

The picture should now be coming into focus. Yes, we do need adequate dental manpower. We need people to plan for us in these fields. Let's educate ourselves and all additional auxiliary personnel as to our obligations to society. We dentists have a monopoly on dental services. If the masses of the people vote for socialized dentistry, it won't be for lack of dental manpower alone. Other reasons will be very much in evidence. There is no magic pill. Nothing will ever replace thinking, planning, and working.

C.C.D.

"—BUT NEVER ON SUNDAY"*

I'M OPPOSED to the increasing practice of holding dental meetings on weekends. This growing trend is a jeopardy of the meaningful orderliness of extra-professional living, a repudiation of genuine values and a menace to the dentist and his family. Moreover, it is contrary to the desires of a substantial segment of the membership body.

When vision becomes limited to technological benefits, true spiritual values — the bases of real happiness in the practice of our profession — fade. Traditionally, the Sabbath is a day meant to be set apart from the other days of the week for the purposes of family reunion, introspection and reorganization for self-betterment, recreation, relaxation, and religious devotion. In any event, it is a time to be spent in activities of diversion. Week-end dental meetings deny and defy most of these.

It is not necessary that healthy conventional observances be sacrificed for the craving of more occupational knowledge. Most dentists close their offices for a day during the middle of the week. Taking an additional day to attend an occasional two-day meeting would not head them for the poorhouse. Most patients would be happily im-

* Reprinted from the *New York State Dental Journal*, Volume 28, December 1962 by permission of the Editor, Dr. Charles F. Bodeker, and the author.

pressed on learning that their dentist was willing, periodically, to dedicate a couple of working days to self-improvement, by which they will benefit ultimately.

It is especially disconcerting to note that some organized practice-administration groups, and societies of dentistry-for-children, apparently feel the necessity of holding meetings on week-ends, with sessions often scheduled on Saturday and Sunday. The atmosphere of ultra-humanitarianism that one senses in a gathering of those who deal principally with children seems inconsistent with curtailment of the wholesome, time-honored family activities traditionally associated with the Sabbath. And if the practice-management masters find it difficult to unbend for a mid-week office efficiency jamboree, perhaps a re-evaluation of design is indicated. Is it possible that the time-motion bug has bitten too deeply? It might be well to remember that the once time-motion expert, "Cheaper-by-the-Dozen" Gilbreth, ran out of gas at age fifty-five!

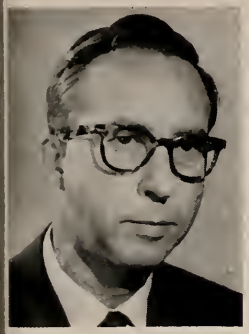
The excuse that a particular popular clinician "could not be engaged for any other time," is a shabby one. Is one man bigger than a whole organization? Is he more important to us than our families and the principles we live by—even God? Such a one would soon be out of business in his clinical role if our program committees exercised more resolute consideration for those they represent.

Someone has got to learn to say: "Sorry; we don't hold dental meetings on the Sabbath!"

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DR. BRUCE



DR. WESSELS



DR. KNUDTZON



DR. MITCHELL

IN THIS ISSUE

The theme of the Eighth Annual Dental Seminar of the University of North Carolina School of Dentistry on December 5, 1962, was "The Dental Manpower Problem—Its Immediate and Future Impact on Dentistry." The seminar featured a panel of distinguished dental educators, moderated by Dean John C. Brauer. The papers presented by the panelists are included in this issue because they speak with authority on dentistry's number one problem.

HARRY W. BRUCE, JR., B.S., D.D.S., M.P.H. ("Needed: A Two-Way Stretch") has had a long and distinguished career with the U. S. Public Health Service since 1947. At present he is Chief, Manpower and Education Branch, Division of Dental Public Health.

KENNETH E. WESSELS, B.S., D.D.S., M.S. ("Educational Patterns and the Dental Manpower Problem") is currently Secretary, Council on Education, American Dental Association.

KERMIT F. KNUDTZON, D.D.S. ("North Carolina Dental Manpower—Now and in the Future") is professor and Head of the Department of Practice Administration and Dental Science and is a consultant to the U. S. Public Health Service.

FRED N. MITCHELL, M.D. ("Dentistry and the Cardiac Child") has practiced Pediatrics and Pediatric Cardiology in his home town of Charlotte since 1958. He is a graduate of the Medical College of Virginia.

Needed: A Two-Way Stretch*

HARRY W. BRUCE, JR.
B.S., D.D.S., M.P.H.**

FOR ONE whose professional life centers almost entirely upon activities which relate in some way to the question of dental manpower, few events are more encouraging than seminars such as this. I take your attendance today as evidence of concern with the severe shortage of dentists which threatens this nation. Your concern is good. It will be better still if it is expressed in action — in support for the new dental schools and expansion of existing schools we must have if we are to achieve our minimum manpower goals—in the employment in your own practices of the auxiliary personnel whose assistance will enable you to care for more patients. For in a time when social change promises to impose upon our profession greater demands than it has ever known before, the meeting of those demands will require the concern and the involvement of every practitioner.

In discussing the dental manpower shortage, we have become accustomed to speaking in terms of the future. When the immensity of the problem first became evident, there did indeed appear to be ample time for remedial action. But I would remind you that much of this time has slipped by — slipped by without action of the scope demanded — and that this future, therefore, is practically upon us. It refers not to some distant year, but to 10 or at most 15 years from now. And it is what we do this year and the next that will determine whether the threatened deficit becomes an actuality.

Our time for action is all the shorter because the base from which we must begin to build is low. In terms of national dentist supply, we cannot claim even the doubtful distinction of having stood still over the past 30 years. Though we have substantially increased our capacity to educate dentists, national dentist-population ratios have steadily declined. They have done so simply because of the faster rate at which our population has grown.

Dentistry in the South

The South, as you know, is the region most lacking in dentists in proportion to its income and popu-

* Part I of a panel discussion on "The Dental Manpower Problem—Its Immediate and Future Impact on Dentistry," presented at the Eighth Annual Dental Seminar of the University of North Carolina School of Dentistry, Chapel Hill, North Carolina, December 5, 1962.

** Chief, Manpower and Education Branch, Division of Dental Public Health Resources, Public Health Service, U. S. Department of Health, Education and Welfare.

lation. There have been steady gains in supply, both in the region and in this state, in the years since World War II, but these have not been great enough to bring ratios up to the national level. In North Carolina, where the dental force is about half again as large as it was 10 years ago, your active dentists must still serve an average of 3,900 persons; in the nation, each serves an average of 2,200.

There is now every prospect that the pattern of the past will be repeated in the future, that population growth will continue to outpace gains in the nation's dentist supply; that North Carolina and other Southern States will be left with dentist supplies relatively much smaller than the national average. Simply to maintain current dentist-population ratios, we must by 1975 begin to graduate twice as many dentists annually as we are doing now. We must, in short, double our training capacity in less than a decade. To do so will require not only the expansion of the schools we have but also the opening of enough new schools to produce 2,-200 additional graduates. If these schools are no larger than the one here at North Carolina, we will need approximately 40 of them — and almost none are yet on the drawing board.

Challenging though it will be to double school capacity, today's ratios remain no more than a minimum standard for measuring future dental manpower needs. To strive only for a dental force capable of providing today's level of service for tomorrow's larger population would, to my mind, suggest that today's dental health standards are fully satisfactory and that tomorrow's will not be better. And these are judgments none of us could condone. Certainly dental health standards are better than they have been — all health standards are— but dental diseases are still accruing at a rate which far exceeds our ability to cope with them. You see the evidence in your offices every day — in the carious teeth of young children, in unchecked periodontal disease, in less than adequate treatment for the patient with oral clefts or malocclusions.

Dental Service Demand

It is evident that in the future we will be called upon to provide more dental service for more of those who need it. Demands for dental services already are increasing rapidly. Just within the decade the amount spent by private patients for dental care has doubled, reaching an annual level in excess of two billion dollars. Part of this increase, of course, resulted from higher fees, part from population growth. Rising per capita demands, however, account for over 50 per cent of the gains. And this is a pattern which certainly will repeat itself. For it is the outgrowth of social progress, and, in the long run, nothing will have greater and more lasting effect upon demands for dental care than the steady improvement in living standards which is inevitable in a society such as ours.

Today, utilization rates are lowest among the culturally and economically deprived; they are highest among the more prosperous and better educated. Let me illustrate. In

families with an annual income of $2,000 or less, 19 per cent of the members receive dental treatment in a year. When the income is $7,000 or more, 54 per cent receive care.

Virtually the same percentages hold when we analyze utilization by educational levels. Utilization is more than 3 times as high among members of families headed by someone with a year or more of college as it is among the least educated.

Obviously, there is a strong correlation between education and income and utilization. The better educated both should be and are more appreciative of oral health. Perhaps because they more willingly make the sacrifices that the purchase of dental care sometimes requires, there are, at every income level, variations in utilization associated with education. An equally significant fact is that the reverse is also true. At every educational level, utilization rises as income increases. When the two influences are compounded — when both education and income are high — utilization hits its peak.

I emphasize this pattern of utilization for two reasons: First, it is the basis for the argument—an argument long since accepted as valid —that low levels of income and education act to depress demands for dental services. Second, it is also the basis upon which realistic estimates of both future utilization rates and future manpower requirements must be computed.

Income and Education in the Future

The influence of income and education will be no less powerful in the future than it is today. And the pace at which social progress—progress that has promoted a doubling of expenditures for dental care within a decade — is producing higher levels of income and education will surely be no slower in the future than it has in the past. The result will be sustantial changes in the structure of our society, changes which will automatically boost the utilization of dental services.

By 1980, if current trends continue, the average family income will reach a point that we today consider the upper level. Within that same period, average educational attainment will continue to advance. The number of people with a high school or college education will almost double. The number with less than a high school education will drop by more than one-third. And about these latter points there is no need even to suggest a qualification.

It is our tradition that each generation be better educated than the one which precedes it. Our youngsters are being better educated than we were. Their children will be better educated than their parents before them. This tradition has significant meaning for this seminar. For the most striking population gains will occur in the age groups which are the most recent heirs to this tradition of educational progress. It is the children who are already crowding our schools, the children our colleges are attempting to accommodate, who will be the parents of the children of 1980. Add them to today's young adults — take away today's older citizens — and you have the picture.

We know, too, that it is not only

the better educated person who receives more care, it is also his children. A child's chances of receiving the treatment he needs for good oral health rise directly with the education of his parents. When the father has attended school for less than 5 years, the child's chances are but 1 in 6. When the father has some high school education, the chances are better than 1 in 2. When the father has gone beyond high school, the odds are greatest — 3 in 4

Today 48 per cent — about 17,000,000 — of all children under 14 visit a dentist each year. Assume for a moment that the rate of utilization based on parent's education remains at today's level in 1980 — that a child's chances of receiving the dental care he needs are no greater than they are today. Simply because more parents will fall within the better educated groups, we can expect to have as patients not 48 but 56 per cent of the children under 14 — and there will be 57,000,000 children in all — not 33,000,000. So without any rise in utilization rates at all, the patient load from this age group alone will very nearly double. And it will increase, to varying degrees, in every other age group within the population.

This is what we mean when we say that social and economic progress automatically boosts utilization rates. This is why we believe that within a relatively short span of time today's 40/60 ratio will be reversed and the 60 per cent who receive no dental care in a year will become, instead, a 60 per cent which does seek dental services.

Dental Prepayment Plans

Additional stimulus to demand will undoubtedly come from an expansion of those measures already adopted to assure services for people who, because of special circumstances and problems, cannot easily —if at all — provide for themselves. Among the most significant of these, in my view, is dental prepayment, which has proved a boon to many who might not otherwise be able to pay the cost of dental service. Much of the impetus for the establishment of prepaid plans has come from labor unions, which did so much to spur the growth of medical insurance. With collective bargaining for fringe benefits as sharp as that for higher wages, few of us would doubt that any substantial number of union members will turn down the opportunity to add dental care to the benefits already obtained at the conference table.

As for some program of health services for the aged, the question now seems to be not if but when. What form any Federal legislation will take, what benefits it will provide no one knows, but full health service most certainly includes dental care. Expansion of public programs for the indigent and for dependent children will engage not only dentists in public health but the private practitioner, since it is he who is generally employed to treat eligible persons.

To attempt to estimate or predict the full effects of such programs would be hazardous. Nor do I think it necessary. Their implications are self-evident. What is necessary is to realize that even without any massive growth in prepayment or public programs, we are already in seri-

ous trouble. We will have all that we can do just to keep up with the demands created by private purchasers of care.

Exactly how difficult this is likely to be can be easily illustrated. I indicated earlier that private expenditures for dental services had increased by about a billion dollars in the past decade. If the amount spent by the average patient increases at the same rate over the next two decades as it has in the one just past, the total amount spent annually by private patients will increase by another $3 billion, passing the $5 billion mark by 1980.

To provide services in this volume with a dental force no larger than the one we can now count upon will require that the average practitioner provide services valued at more than $50,000 annually.

Dental Practice in 1980

Even if we are able to maintain current dentist-population ratios— that is, even if we succeed in doubling our training capacity — the average dentist of 1980 will still have to provide services worth $45,000 annually if patients are not to be turned from the door. I would point out that this $45,000 worth of services are services priced at today's dollar. It is a sum 35 per cent higher than the amount the average 3-chair operator grosses today. And it means that the average practitioner of 1980 must be prepared to produce at least one-third again as much as the average three-chair operator does today.

For the dentist practicing in North Carolina, the situation is even more critical. For in your state, as in so much of the South, both income and educational levels are fast moving up toward the national average. Within two decades, per capita income in this state has climbed from 55 per cent of the national average to 75 per cent, and there is every indication that it will pass the 90 per cent mark by 1975. Educational levels, too, are pulling up to the national average. In short, living standards are advancing more rapidly here than in the remainder of the country, and, as a result, demands for dental care can also be expected to rise more rapidly here than in the nation as a whole.

Our own estimate of the situation, in fact, is this: Even with the steady improvement in dentist supply which can be forecast for North Carolina, the average dentist practicing here in 1980 will have to provide services valued at $55,000 annually — almost 60 per cent more than the 3-chair operator grosses today.

It is obvious then that no timid measures will suffice. Since whatever else we do and how well we do it depends ultimately upon our dentist supply, we must first of all see to it that we train every single dentist that we possible can. But if we are to get the additional stretch we need, we must work toward a second goal. We must also train auxiliaries in far larger numbers than we have even begun to think about today.

Role of Auxiliary Personnel

We have as yet made little progress toward integrating the dental hygienist into our practices, even though the hygienists' training prepares them to relieve us of some of our most time consuming duties. Although enrollment in dental hygiene schools has increased significantly

in recent years, there is probably no state in the country where the supply of graduates equals the need. Here in North Carolina, for example, only 15 hygienists are being graduated annually. At this rate, you will produce only about 200 hygienists by 1975. The number who will actually be in practice then will, as you know, be considerably less than this. Even by conservative estimate, you should be planning to employ more than 400 hygienists by that date. When you consider that as yet the North Carolina school is one of only four serving the entire South and that many states outside the South still lack training facilities of this type, you can see how large a job remains to be done.

In the case of dental assistants, the need for additional training programs is even more urgent. At the present time, only a negligible number of assistants receive formal training of any kind, and virtually none receive training which will equip them to work at chairside. Certainly, in a time when we are looking to the increased use of assistants, and particularly to their more efficient use, as the most promising way of increasing our total output of dental services, we can ill afford the luxury of perpetuating a pattern which finds us training only a minute fraction of the numbers we need and training them in ways which we already know to be archaic.

Individual Responsibility

The one chair-one assistant office — which more often than not means a dentist working virtually unassisted at the chair — simply must give way to the multiple assistant-multiple chair office where the dentist concentrates his time on performing those duties which cannot be performed by anyone with lesser training. To change the norm in this way will require vastly increased numbers of well-trained dental assistants.

I don't think that dental schools alone can handle the job nor that junior colleges and dental schools working together can do the job. What will be needed I think, are training courses in high schools and vocational schools in every town or city of any size at all. In this respect, I think we have some missionary work to do. Money has recently been made available to assist in the establishment of these courses, and schools can now obtain financial assistance through their state departments of vocational education.

But not all schools are aware of this. I think it is our job to inform them. We can look in our own communities to see whether our own schools are potential centers for such training and, if they are, we can work with them in developing programs which might qualify for this particular type of support.

These programs also solve another problem which has concerned us all — the shortage of qualified teachers. They will teach a skilled assistant to teach others, waiving the formal educational requirements which have sometimes barred the potentially capable teacher from the classroom.

The possibilities are so great that we will be inexcusably negligent if we do not use them to the fullest. I say these are times which demand depth of vision and a willingness to act, so let's get on with it.

Educational Patterns and the Dental Manpower Problem*

Kenneth E. Wessels
D.D.S., M.S.**

The relationship of the Council on Dental Education to problems of dental manpower is a direct one since the dental profession has delegated to the Council the responsibility for providing guidance in the development of educational programs for dental and auxiliary personnel. The Council also has the responsibility for developing and maintaining the standards of such programs to insure their conforming to the needs of the profession.

All educational or training programs must be sensitive to the desires of the profession, and likewise it has often been true that developments in dental practice have been foreshadowed by the changing character of educational programs.

The Council on Dental Education, therefore, as the agency of the American Dental Association charged with the supervision of those educational and training programs which continually replenish the supply of professional manpower, is vitally concerned with the problems associated with providing an adequate supply of suitably trained people to meet the needs and demands of the profession and of the public.

Solving Dental Manpower Shortage

It is quite apparent that the dental manpower problem theoretically might be solved through a number of different approaches. The following possibilities are being considered: (1) increasing the number of dental school graduates to keep pace with increase in population and contemplated increased demand for dental services; (2) increasing the efficiency of the practicing dentist to permit greater productivity; (3) increasing the number of auxiliary personnel; and (4) delegation of additional duties to chairside auxiliaries. It would appear advisable to consider at least briefly, each of these possibilities at this time.

The most desirable means of solving the future manpower problem would appear to be through producing enough dentists to meet the effective demand for dental care. The difficulty in achieving solution through this means is pointed out by studies conducted by the

* Part II of a panel discussion on "The Dental Manpower Problem—Its Immediate and Future Impact on Dentistry," presented at the Eighth Annual Dental Seminar of the University of North Carolina School of Dentistry, Chapel Hill, North Carolina, December 5, 1962.

** Secretary, Council on Dental Education, American Dental Association.

Bureau of Economic Research and Statistics of the American Dental Association. In a recent study to determine the number of dental graduates required to maintain certain dentist - population ratios, it was noted that the dentist-population ratio in 1960 was 1:1,941. It was calculated that the number of dentists below age 68 will increase from 93,900 in 1961 to 97,000 in 1965, an increase of 3,100. Results of the Bureau's study indicates that in order to maintain the 1960 dentist-population ratio of 1,941 through 1965, considering a conservative U. S. Census population projection, the increase in number of dentists between 1961 and 1965 would have to be 6,500 rather than the estimated 3,100. This would mean that graduating classes from the nation's dental schools would have to be larger by a total of 850 students per year during this period. This obviously cannot be accomplished, with the present number of dental schools and current class size. The dentist-population ratio, therefore, will continue to increase, resulting in a progressively more acute manpower problem. Solution of the problem, based on increasing the number of dentists, appears formidable to say the least. The Bureau's figures indicate that in order to re-establish by 1980, the 1960 dentist-population ratio of 1:1,941, it would be necessary to increase graduating class size by 187 each year from 1966 through 1980. The figure 187 does not appear large in comparison to present total graduating class size of approximately 3,300, but it would mean actually that it would be necessary to establish at least two large-capacity dental schools per year, or to provide for equivalent expansion of present facilities, beginning now. New program development or program expansion in this magnitude does not appear likely or possible.

Productive Ability

The appropriate dentist-population ratio must be determined in great measure by the productive ability of the individual practicing dentist. This is one of several important variables in determining future dental manpower needs. There is no question that the dentist's productivity has been significantly increased by a number of means, including the development of high speed cutting instruments, the utilization of more efficiently-designed operating areas, the use of two or more chairs, and the utilization of auxiliary personnel. It must be presumed, however, that although further modification of office design and instrument development may make for a more pleasant and less fatiguing dental practice, such physical developments will not further contribute significantly to greater productivity of the dentist.

Effective utilization of dental auxiliary personnel appears to be the most likely means for achieving significant increase in dental practice productivity. It is acknowledged that there is great variability between dentists in the degree of utilization of auxiliary personnel, particularly in the case of the chairside assistant. It is indeed a fact that some dentists do not employ a chairside assistant, others do not make the most efficient use of the assistant.

For example, 65.6 per cent of the dentists included in the As-

sociation's 1959 *Survey of Dental Practice* indicated full-time employment of dental assistants. An additional 9.9 per cent stated that they employed assistants only on a part-time basis. In the case of dental hygienists, 6.5 per cent of dentists reported full-time employment of hygienists, while an additional 7.5 per cent indicated employment of hygienists on a part-time basis only. These figures, of course, in no way indicate the degree of effectiveness of utilization of these auxiliary personnel, particularly of the dental assistant. However, since but 10.5 per cent of the survey respondents acknowledged hiring receptionists or secretaries on a full-time basis, it must be presumed that in the majority of offices the effectiveness of the assistant as a member of the chairside team is seriously attenuated by assuming responsibility for a multiplicity of duties not directly associated with patient treatment.

Regardless of the reasons advanced in justification of failure to utilize the assistant full-time in the operatory, there can be no question that failure to do so makes it impossible for the dentist to achieve maximum productiveness. This conclusion is substantiated by further figures secured by the 1959 *Survey of Dental Practice*. It was determined, for example, that the mean annual number of patients increased from 742 for dentists with no employees, to 1,166 for dentists with one full-time employee, 1,530 for dentists with two, and 1,931 for dentists with three full-time employees.

The implication of these statistics is very evident in consideration of the total manpower issue. The profession must realize the significant increase in patient volume made possible by effective utilization of auxiliary personnel, and concurrently, provision must be made to increase the number of assistants and hygienists in order to meet the growing demand of the profession for trained auxiliary personnel.

In this regard, the Council on Dental Education is directly concerned with the following factors relating to training and utilization of auxiliary personnel:

(1) the development of an adequate number of programs for training auxiliary personnel;

(2) the determination of the proper scope of activity of auxiliary personnel;

(3) the revision of requirements for such programs to keep pace with the changing needs of the profession;

(4) the training of dental students, and practicing dentists, to utilize effectively the services of auxiliary personnel.

New Programs

One of the most exciting and significant developments in dental education in recent years has been the inauguration in the dental schools of programs designed to teach the dental student to utilize effectively the services of the chairside assistant. The Council has given continued encouragement to these programs in the belief that maximum utilization of the chairside assistant by the dentist will be achieved only if the dentist learns the technics of teamwork dentistry during his undergraduate years. The Council's "Requirements for the Approval of a Dental School" include the stipulation that an ac-

credited program of dental education must include instruction in utilization of auxiliary personnel, including the dental assistant.

This area of undergraduate dental student training provides the student with experience in utilizing those services of the auxiliary considered traditionally within the scope of activity of the hygienist, assistant or laboratory technician, and should not be confused with experimental programs designed to determine the feasibility of increasing the scope of activity of auxiliary members of the dental health team.

Experimentation in Expansion of Duties of Auxiliary Personnel: In any reference to increasing the scope of activities of auxiliary dental personnel, the Council considers that reference is only to the hygienist or assistant. In its 1960 report to the Board of Trustees of the Association, the Council was agreed that:

(1) there is no need, in any program for auxiliaries, to go beyond the three categories which now exist: the dental hygienist, the dental assistant, and the dental laboratory technician, for these existing categories provide all needed opportunity for proper development;

(2) the consideration of additional duties for the dental laboratory technician should be foreclosed at this time since the craft is only now developing its educational standards and certification program.

The following exerpts from the 1960 Council report further set forth the views of this agency regarding experimentation in the training of auxiliaries:

"The Council is of the opinion that there is need for experimentation and research in the education of auxiliaries, particularly to ascertain the adequacy of the present duties of auxiliaries and to study duties which might properly be added in order to increase the productivity of the dentist and thus the amount of service which can be made available to the public."

"The Council believes that such experimentation and research to improve the dental health team can be carried out with the facilities of the Association and the resources of the dental schools and other qualified educational agencies of this country."

"Regarding the dental hygienist, the Council calls attention to the fact that . . . the dental hygienist is now licensed in all of the states but there is considerable variation among the states on the duties she is permitted to carry out. The profession has had many years of experience in working with the dental hygienist as a member of the dental health team, and dentists are almost universally convinced of her usefulness in this role. The Council believes that it is desirable to give immediate attention to the variance in duties of the dental hygienist in order to ascertain (1) if a greater measure of uniformity in duties can be brought about among the states; and (2) if additional duties might be added to enhance her value to dental practice and to public health."

"Regarding the dental assistant, the Council believes that the education of dental assistants will be more rapidly advanced if educational institutions are urged to evaluate and experiment with their current programs in order to define

more explicitly the most useful role for the dental assistant as a member of the dental health team."

"The Council believes that, by using these programs and developing other resources which exist, the Association and the profession can obtain all information which is needed to define more precisely the best role for the dental hygienist and the dental assistant as auxiliaries in dentistry."

The Council, therefore, requested the Board of Trustees to consider a resolution which urged educational institutions to increase their experimentation and research so as to determine the feasibility and desirability of assigning to these two auxiliaries certain functions of a non-professional character which will enlarge their usefulness as members of the dental health team. The Council is prepared to exercise careful vigilance so that none of the experimental programs jeopardize the interest of the public by infringing the professional prerogatives of the dentist or by invading areas in which only the dentist has professional education, competence and legal status.

After consideration by the Board of Trustees, the House of Delegates of the Association adopted the following resolution:

"Resolved, that the Council on Dental Education be requested to urge accredited dental schools to undertake carefully designed programs of experimentation and research in the training of dental hygienists and dental assistants so that the profession may determine more precisely their individual roles as members of the dental health team and thus enlarge the dental profession's capacity for service to the people of this country; and be it further

"Resolved, that any research and experimental programs in the training of dental hygienists and dental assistants authorized by (the above resolution), the Council on Dental Education be directed to review the programs with a view to their ultimate evaluation and to urge accredited dental schools, in developing these programs, to consult with the constituent dental society and the state board of dental examiners in order to insure that the research and experimental programs are consistent with the policies of the profession in the area."

During 1961, the Council gave further consideration to the implementation of the previous resolutions and affirmed the view that auxiliaries "be permitted to perform those procedures and operations which assist the dentist in fulfilling his professional responsibilities, as long as he retains direct supervision of the operations and as long as the auxiliary does not perform duties which require the full and complete knowledge of dentistry." In addition, the Council developed the following "Statement of Policy Regarding Experimentation in Training and Utilization of Dental Hygienists and Dental Assistants," which was approved as Association policy at the 1961 annual session of the Association:

Professional Duties and Responsibilities of the Dentist: The dentist is responsible for the health and welfare of his patient and must retain sole responsibility for certain operations, decisions and judgments. Those dental operations which require a comprehensive knowledge of

the basic sciences and related clinical applications cannot be delegated to personnel who have been exposed to a less comprehensive program of education and experience.

General Principles of Experimentation: Experimentation with the duties of dental hygienists and dental assistants should be conducted within the context of the following general principles:

1. Experimentation with the expansion of the functions of both the dental hygienist and the dental assistant is considered desirable and appropriate.

2. All research objectives should lead toward the improvement of the efficiency and productivity of the dentist for the ultimate extension of dental health services for the benefit of the public.

3. Experimentation should not be designed to produce any type of auxiliary who might be considered a "second level dentist."

4. Projects designed for experimentation with the functions of dental hygienists and dental assistants should be considered as research programs separate from the regular teaching program for dental students and auxiliaries.

5. Research projects should be realistic in terms of the potential application of findings to the private practice of dentistry.

6. The major responsibility for the design and the substance of the projects should rest with the individual educational institutions, which in turn should seek guidance and consultation from the Council on Dental Education and other interested agencies. The Council should not be expected to give official approval or disapproval to the specific details of an experimental program or to comment on the desirability or practicality of the kinds of operations included, but the Council should be kept informed about the experimentation being planned.

Major Areas of Investigation: The following areas of investigation are considered important to the logical and effective expansion of use of auxiliary personnel:

1. Systematic evaluation of the potential of the dental hygienist and dental assistant to perform all routine procedures not requiring the knowledge and skill of the dentist.

2. Determination of the time required to train the dental hygienist and dental assistant to perform the new duties under investigation.

3. Determination of the best pedogogical methods and technics for presenting the new material.

4. Assessment of the relative cost of training the dental hygienist and dental assistant to perform expanded duties as compared to the cost of training present dental personnel.

5. Evaluation of the effect on the dentist's productivity and quality of service through expansion of duties of the dental hygienist and dental assistant.

6. Determination of methods for controlling the use of dental hygienists and dental assistants to prevent practices not in the public interest.

This document was amended by the 1962 House of Delegates through the addition of the following statement:

The experimentation must not include the following items:

1. Diagnosis, treatment planning and prescription.

2. Surgical procedures on hard and soft tissues.

3. All restorative, prosthetic, orthodontic and other procedures which require the knowledge and skill of the dentist.

4. Prescriptions for drugs, medicaments, and/or work authorization. The services rendered by auxiliary personnel shall remain under the direct personal supervision of the dentist.

The Association policy statement was further defined by outlining the procedures for the review of research findings in training programs for dental hygienists and dental assistants. The following steps in review of findings and recommendations likewise were approved during the 1962 annual session of the Association:

1. Accredited dental schools or training agencies of the federal government will be expected to submit a report of their research findings and recommendations as soon as practicable to the Council on Dental Education and, through it, to the constituent dental society and state board of dental examiners for consultation and evaluation in order to insure consistency with the policies of the profession in the area. This shall be accomplished prior to reporting to the House of Delegates.

2. The Council on Dental Education will review reports of each experimental program, giving particular attention to recommendations relating to the application of the research findings to the practice of dentistry.

3. The Council on Dental Education will transmit each final report to the Association's House of Delegates for further review and consideration.

4. Subsequent to this review, the comments of the House of Delegates will be transmitted to constituent dental societies and state boards of dental examiners for their appropriate consideration.

The Council believes it important that the profession give serious consideration to a more precise definition of the scope of activities of its auxiliary personnel. Such definition can only be arrived at through carefully designed and controlled experimental programs. Decisions reached by the profession regarding the manner of utilizing dental auxiliary personnel undoubtedly will have a profound influence on the total dental manpower problem.

Summary

There can be no question that the dentist-population ratio will continue to increase, resulting in progressively greater demands upon the dental profession. The magnitude of the manpower problem will depend upon several factors, including the rate of population growth, the demand for dental care, the number of dental and dental auxiliary personnel, and the productivity of such personnel.

The manpower needs of the future cannot be met by concentrating on any single factor in the increase of total productivity of the profession. Rather, the needs of the profession and the public will be met only through exploration of all avenues of approach. The Council believes that immediate and considered attention must be directed toward each of the following factors if a serious manpower problem is to be averted:

(1) increasing the number of dental graduates through the development of additional schools and by increasing the capacity of present schools;

(2) increasing the number of dental auxiliary personnel;

(3) increasing the utilization of auxiliary personnel by teaching the dental student and the practicing dentist the technics of teamwork dentistry; and

(4) utilization of auxiliary personnel to the maximum determined feasible by experimental studies.

North Carolina Dental Manpower—Now and In the Future*

KERMIT F. KNUDTZON, D.D.S.**

I HAVE READ and reread *many times* during the past month, the article on "Dental Manpower in North Carolina" written by Dean John C. Brauer, which was published in the August 1958 issue of *The Journal of the North Carolina Dental Society*. This paper was presented in May of 1958, at the annual meeting of your State Society. Written four years ago, it is uncanny in its predictions and reads as though it were written this past week. I strongly recommend that you look up this issue and reread this timely article when you return to your homes.

In the first sentence of this article, Dr. Brauer asks two basic and fundamental questions: (1) How many dentists should there be in the State of North Carolina?, and (2) Who should *decide* this very important and basic question? In 1958 the national dental population ratio was 1:1900. The North Carolina ratio was 1:3900. These figures have remained relatively static over the years. Where has the population figure gone? Nationally it has risen 28 million from 1950-60. In the same period in the State of North Carolina it has increased one-half million. In the years 1950-60 the biggest rise has been in the

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larger cities. Charlotte rose from 134,000 to 201,000; Winston-Salem from 87,000 to 111,000; Greensboro grew from 74,000 to 120,000; and High Point from 40,000 to 62,000. Some towns remained almost static in the 1950-60 decade and a few went in reverse.

In answer to the question, "Who knows what the ratio should be in North Carolina"?, the answer still remains the same as it was in 1958, namely — nobody knows.

In answer to the question, "Should such a vital decision be made by the University with recommendations from the faculty of the School of Dentistry, by the North Carolina Dental Society, or by the State Legislature which represents the people of the state?", — The answer is again the same as Dean Brauer stated four years ago—

"The Legislature in North Carolina, of course, will determine what appropriations are to be directed to dental education, and, thereby, limit the expansion and development of the profession. However, the initial leadership in thinking, planning, and action in my opinion should come from both the profession and the University. The profession has a keen and vested interest in the quality and quantity of dental service to be rendered the people of the state, and the University must accept the responsibility for the education and training of dentists and other professional personnel consistent with the mission, plans, and commitments of the total University.

"There are many interdependent factors and programs within the University and the Division of Health Affairs, which must be considered before dentistry can be given the "go-ahead" signal for any expansion or development program. For example, the need for expanded facilities and an increased annual operating budget for the basic sciences must receive equal or higher priority, since dentistry cannot proceed without this vital instruction. The university administration must assume the responsibility for determining the relative need, and, accordingly, the priority in all expansion programs. The Dean and the faculty of the School of Dentistry and the profession of dentistry can make their recommendations to the university administration, and the latter cited Administration after an evaluation of the University's total needs presents its plan and budget to the Board of Higher Education, the Budget Bureau, and then to the Legislature.

"The all important question at the moment is, does the North Carolina Dental Society which has a major interest in the dental health of the people of this state, have a proposed plan or a program for the present and future dental manpower needs of the state? Is there anything really more important to the dentists of the state? It involves all of the people of North Carolina, and it involves the daily lives and economy of every dentist and their families. A discussion of how to do a better amalgam, inlay, or denture, or the best technique for the removal of a tooth, is important at meetings of our societies. However, the question or problem of who is going to do the dental service and under what conditions, transcends all other subjects in relative importance to dentists individually and collectively."

Basis of Dentist Need

On what basis — population, need, or the demand for dental care — should this dentist-population ratio be determined? The trend and extent of voluntary dental insurance, the establishment of union dental clinics, and government health plans whether it be the Kerr-Mills or Medicare tied to Social Security or some other scheme will determine to a great extent our future demands — but be assured some or all of these programs will grow rapidly in the near future. Likewise, the dental demand of those not involved in these programs will also increase. Why? Because:

1. People are enjoying a higher income plus more leisure time than ever before in the history of the United States.

2. People are becoming more aware of the value of their teeth, both from the functional as well as the esthetic point of view, which means that dental demand will be greater.

3. Increased dental education of the lay public in the desirability of obtaining and maintaining better oral health.

4. The great rise in private insurance, union health benefits and government medical programs which are likewise making rapid inroads into the dental field.

In this same article, Dr. Brauer stated that dental manpower requirements for North Carolina must be based on: (1) Need versus demand for dental services; (2) The role of preventive dentistry and the results of research in this field; (3) The migration of dentists which includes the number of dentists who leave and retire as well as those applying and taking the state boards; and (4) Of utmost importance, the effective use of auxiliary personnel coupled with the team concept of dental practice. And, if the number of dentists per population were based primarily on the need, this ratio would require 7 or 8 times more dentists than now in practice in North Carolina.

Income Factor

Income is naturally a large factor in the seeking of dental care. For the United States the per capita income rose from $556 in 1939 to $2,223 in 1960. In North Carolina per capita personal income was $316 in 1939 as against $1,574 in 1960 or an increase of 400 per cent. Two other very important factors must be considered in North Carolina in addition to income. About one-fourth of the population of North Carolina is Negro and three-fourths of the population is rural. The Southern Education Board (SREB), which involves 16 southern states and is charged with continually assessing needs of higher education in the region and for developing and recommending to the states and institutions, plans and programs for meeting these needs recommended in 1956 that "the region set a goal of dental care for its citizens which at the very least equals that available for the nation as a whole — and that the region must obtain sufficient dentists to achieve by 1975 a ratio of one dentist to each 4-million dollars of income." Is this the answer? Who knows, but it surely is more realistic than the number of unfilled cavities in the mouths of the population

which is relatively the same for rich and poor alike.

Education Factor

Reduction in caries through research and preventive measures is a long, slow process. Fluoridation of communal water supplies reducing caries in the now unborn and in the children of America still meets with violent opposition in many areas. Better oral hygiene is a matter of constant education and vigilance, both of which are sadly lacking in our present day youth. This is graphically illustrated by the continuing increase in each generation of dental disease. The development of the jaws or perhaps the lack of development of the jaws plus the esthetic value placed on Johnny's & Jenny's teeth has seen a tremendous increase in both the fields of pedodontics and orthodontics. Orthodontic appliances are becoming a status symbol in middle class as well as upper class families.

The University is cognizant of the future need for increasing the number of dentists and in its long range plans has set an increase of 25 dental students per year and an increase of from 15 to 60 for dental hygienists. The number of graduate students in the several specialties will likewise be increased plus the number and extent of postgraduate courses.

The study and report upon which these figures were based was formulated on the combined concepts of the Dean and faculty of the School of Dentistry. Dean Brauer then carried this report to the House of Delegates and the General Assembly of the North Carolina Dental Society in May 1958. The North Carolina Dental Society formally endorsed and adopted, at that time, this particular program relating to increased numbers of dental students and dental hygiene students for the University, which has been the basis for all of our definitive planning. The University of North Carolina has adopted this long range plan built on this approved basic plan by the North Carolina Dental Society.

Thanks to the Division of Dental Public Health and Resources of the U. S. Public Health Service, beginning next June our three-month dental assistant educational and training program will take 20 girls instead of 15 in each class, and we hope this can be raised to 25 in 1964.

What Now?

However, this increase in dental students and dental hygienists cannot be met until the new wing of the School of Dentistry is completed and ready for occupancy, and before this is possible we must have expanded facilities and operating budget for the basic sciences since dentistry cannot proceed without this vital instruction. Because this is ten or more years away, what can we do now and in the immediate future? The answer is: (1) More effective and efficient use of our present auxiliary personnel; (2) The team concept of dental practice — using more and well-trained auxiliary help; (3) The expanded use of such trained auxiliary personnel; and (4) The education and training of selected women and men to staff offices, schools, and institutions. Let us go into augmenting these four points.

1. More Effective Use

Eighty-two per cent of self employed dentists employed auxiliary personnel in a 1959 survey, either full or part time. Dental assistants were employed by 75.5 per cent, secretaries or receptionists by 16.1 per cent, hygienists by 14.0 per cent and dental laboratory technicians by 5.4 per cent. Full-time dental assistants by private practitioners was 65.6 per cent. The specialist hires more assistants than the general practitioner while the Pedodontist employs the most assistants and the Periodontist the most hygienists. The total number of dentists in 1961 including that year's graduates was 106,796. Ninety-four thousand were active in the profession. Of these, approximately 91,000 practiced dentistry, (i.e., worked at the chair) and some 3,000 were engaged in teaching, research, administration, etc. Approximately 3,300 dental students are graduated each year.

The advantage to the general practitioner of employing dental assistants can be summed up in just two small paragraphs.

The mean number of patients increased from 742 for dentists with no employees to 1,166 for dentists with one full-time employee, 1,530 for dentists with two full-time employees, and 1,931 for dentists with three full-time employees. This is without regard to type of employee or number of chairs and units.

The mean gross income of all practicing dentists in the United States for 1958, using one chair and with no help of any kind (not even a receptionist) was $14,065; for the dentist using two chairs and one dental assistant, this was $24,779; and for the dentist using two chairs and two assistants the gross income average was $36,451. Thus, in a two-chair office that extra assistant is bringing in an additional gross of $12,000 per year to that office. Need I say more?

Now, how effective are these assistants that you employ? It has been estimated that an untrained girl or one trained by a dentist who himself has had little or no training in how to properly train and utilize an assistant, is only 35 to 50 per cent effective. Therefore, a well-trained girl, working for a dentist who is likewise trained to work efficiently with this type of an employee, could possibly increase his patient services (including income) to twice as much.

In mid-1961, there were 1,433 dentists listed in North Carolina, including retired dentists, teachers, research men, etc., excepting only the Federal Dental Services. These figures include the 1961 graduates. In the 1962 ADA Distributions of Dentists in the United States by State, Region, District, and County, 106,796 living dentists were listed. Of this number only 86,000 were in private practice or approximately 80.4 per cent. A comparative figure in North Carolina would indicate that of 1,433 living dentists, approximately 80 per cent or 1,150 are in active private practice.

The objective of our present program of teaching the senior student to work with and utilize a chairside assistant is that each student, upon graduation, will hire one full-time assistant in his office. Therefore, in 1962, when the first such class was

graduated a need of 50 trained chairside assistants was established. This would mean two schools for dental assistants with a class of 25 each. Approximately 30 per cent of each of these classes are lost the first year chiefly through marriage and for other reasons. Therefore in 1963, for fifty graduating dentists in North Carolina, we will need 50 plus 15 or 65 trained chairside assistants. In 1964, we will need 50 plus 30 (i.e. two years of drop outs) or a total of 80 chairside assistants each year to supply only our own graduates.

We have approximately 1,150 dentists now in private practice in North Carolina, and if only ten per cent of these request a formally trained girl, we would need 115 additional girls.

Thus, in 1962, we would need 165 trained assistants or seven schools at 25 per class. In 1963, we would need 220 (due to the 30 per cent loss factor) or nine schools producing 25 per class. In 1964, we would need 293 (with the ⅓ loss factor) or 12 schools with 25 per class.

The above provides only one formally trained assistant for our own graduates each year plus 10 per cent of the practicing dentists in North Carolina.

Now, the ultimate objective is to teach every dentist to utilize not one but two fully trained and interchangeable dental chairside assistants. If we are effective in the teaching of this philosophy of practice, this would double the original need of 50 dental assistants to 100, and thus double all of the figures which I have just quoted.

Thus, in 1964 we would need 586 trained dental assistants each year or the necessity of 24 schools with a capacity of 25 per class.

2. Team Concept

The second answer is the *Team Concept of Dentistry*. Wherein a dentist might employ one or two assistants, a receptionist-secretary, a hygienist, and a dental laboratory technician in his own environment or with a group of two or three dentists. There are not enough such practices at the present time to give concrete facts and figures, but this type of a practice may well be the pattern of the future, which would allow for more dental services to the public. This could be one way of counteracting a trend toward socialized dentistry. Economically, physically, and mentally the dental practitioner of the future cannot afford to be a "lone wolf."

3. Expanded Use of Such Auxiliary Personnel

The ADA House of Delegates at their recent meeting in Miami (1962) re-defined and modified the experimental policy regarding the expanded training programs for dental assistants and dental hygienists which was adopted at the 1961 annual session. This year, the delegates amended the policy to state that "experimentation must not include the following items:

—Diagnosis, treatment planning and prescription.

—Surgical procedures on hard and soft tissues.

—All restorative, prosthetic, orthodontic and other procedures which require the knowledge and skill of the dentist.

—Prescriptions for drugs, medicaments and/or work authorization.

The services rendered by the auxiliary personnel shall remain under the personal supervision of the dentist."

Delegates also approved procedures for review of research findings on such programs by the Council on Dental Education: The Council is directed to submit final reports to the ADA House of Delegates, the comments of which are to be transmitted to constituent societies and state boards of dental examiners for their appropriate consideration.

Consistent with the ADA House of Delegates, action at the Miami meeting, it is essential that all interested schools give serious consideration to the conduct of such experimental programs with the full knowledge, understanding, and approval of the respective state dental societies.

4. The Education and Training of Auxiliary Personnel

This includes the education and training of these auxiliaries plus the ability of the dental practitioner to utilize these abilities to the fullest.

As you know, for the past six years, UNC was one of the pioneer dental schools selected to participate in the education and training of dental assistants and in teaching the dental student how to effectively utilize such trained assistants at the chairside. These programs were sponsored by the present Division of Dental Public Health & Resources, U. S. Public Health Services.

These school programs varied extensively both as to their selection and use of assistants as well as the time and amount of training given the dental student. However, all agreed that the principle of teaching dental students how to work with a well-trained and experienced dental assistant was an essential need in the curriculum of dental schools.

The House of Delegates of the ADA passed a resolution in 1960 that such teaching of dental students in the use of dental assistants should be included in the curriculum of all schools of dentistry in the United States. To date all but one or two schools now have established such programs. Some have been in existence for several years, others are just being initiated.

Dr. Roger Barton, Co-director and General Supervisor of the Senior Dental Assistant Training Program at UNC has outlined our program as follows: The Dental Assistant Utilization Program, as envisioned at the School of Dentistry, University of North Carolina, has two primary purposes:

(1) To train senior dental students how to work efficiently and effectively with a well-trained chairside assistant or assistants.

(2) To teach the senior dental student how to coordinate time and production so that he may be of service to an increased number of people.

Our present program at UNC in the Special Senior Operative Program consists of one week each quarter working in the adult clinic with a full-time chairside assistant plus the use of a roving assistant when needed. After one year, we are of the opinion that a three weeks experience is not enough. We hope

to broaden our perspective and to improve our level of training to the various age levels and clinical disciplines.

Consideration is also being given at UNC to train the dental student in the team concept, by working with a dental hygienist, and a dental laboratory technician in addition to a dental chairside assistant in a total team environment and effort.

What are the other programs and potentials in North Carolina for the training of auxiliary personnel?

The first class in dental assisting conducted at the Burlington Industrial Educational Center of Burlington, N. C., was graduated this past summer. This is a one-year course (12-months) and consists of the education and training of young women at a vocational school level. Lectures, laboratory, secretarial, and dental chairside assisting both at the school, and in the offices of selected private practitioners was the first year pattern. Ten girls (residents in or near Burlington) successfully completed this course. Dr. Raymond MacKenzie, a UNC graduate is director of the school; and the dental assistant supervisor, Mrs. Mildred Bowen Lynch is a graduate of the UNC Dental Assistant Course.

Other such schools in industrial training centers are in the planning stage. These potentials are in Goldsboro, Charlotte, Durham, and Gastonia.

Dental Laboratory Technicians' Course

In September of this year, the first class was enrolled in the Dental Laboratory Technology Course at the Durham Industrial Education Center. This is a two-year resident program of the highest caliber. The curriculum includes mathematics, physics, chemistry, anatomy, physiology as well as metallurgy and dental materials, plus the numerous courses in dental laboratory techniques. Several years of preparation plus hundreds of man hours of conferences and planning by the entire staff of the Industrial Education Center at Durham, the officers of the North Carolina Dental Society, Dr. Colin Osborne, Jr., Chairman of the Prosthetic Dental Service Committee of the North Carolina Dental Society, plus the members of his committee; members of the faculty of the UNC School of Dentistry, especially Dean Brauer, Dr. Roger Barton, and Dr. David Dobson; and last but not least, Dr. Norman Ross. Dr. Ross was President of the North Carolina Dental Society at the time this program was initiated. These men, plus many others were responsible for bringing this excellent and much needed school into being in Durham. I would urge all of you to visit this school—it is a real eye opener!

Mr. Forrest D. Wirt, formerly of Elkhart, Indiana, is the supervisor of the program and dental technical instructor. He has had vast experience in the training of dental laboratory technicians as the former head of the Dental Laboratory Department, Elkhart University, School of Medical and Dental Techniques. Drs. Dobson and Barton are presently serving on the committee of consultants for this particular program.

While this first class is composed of eleven members (9 North

Carolinians and 2 from out-of-state) the maximum potential is twenty. The generalist course consists of two academic years. Specialist courses in crown and bridge, ceramics, etc. are in the planning stage. It is also planned that refresher courses will be given in the future to employed laboratory technicians in various phases of laboratory technology.

Establishing schools and the equipping of these schools is relatively simple! Money can buy brick and mortar and Bunsen burners, but it cannot buy the teachers needed to supervise and carry out these programs.

Where Are the Teachers?

Our main problem is going to be: Where are we going to get the teachers to teach in all of these schools? A D.D.S. degree offers assurance of scholarly attainment but none as to pedogogical skill and most dental teachers have had little, if any, formal training in the art of teaching. Likewise, competent and experienced dental assistants become almost spastic at the very thought of teaching.

Good teachers in any field are scarce and in dire demand. Some of the teaching of dental assistants must be done by dentists; but the majority of the teaching will have to be done by dental assistants. Placing first things first, we must train a large number of dental assistants to be teachers. This is a crucial point in our entire dental auxiliary instructional programs! In addition to availability, these women must be mature enough to merit the respect of the trainees, and must have a dedicated desire to teach.

We need to develop programs in several centers for training select dental assistants to be teachers (i.e., teacher training programs). This, no doubt, is one of our greatest problems which must be resolved immediately if we are to approach successfully the teaching of large numbers of assistants.

Dental Hygienists

What about the dental hygienists? The long range planning at the UNC School of Dentistry when the projected expansion of the Dental School is a reality, is to likewise expand the enrollment of dental hygienists from a class of 15 per year to 60 per year. Perhaps then we can begin to supply some of you men with a hygienist even though Dan Cupid does give us lots of competition. In this regard, I might add that the Dental Hygienists Association has gone on record as not being opposed to male hygienists. I am convinced that in the years ahead we will see an influx of males in the roles of both hygienist and assistant. However, American dentistry is not ready for it now.

Prior to 1885, dental assistants were males and in that year, Dr. Edmund C. Kells of New Orleans shocked the dental world of that day by employing a female assistant, and apparently the idea spread like wildfire. They say that everything goes in cycles and that the pendulum swings both ways. We shall see.

Another avenue of training dental assistants is the UNC correspondence course which to date has had a total enrollment of 967 since it began in 1953. All but three of

the 50 states are represented including Alaska and Hawaii, plus the District of Columbia, Jamaica, Canada, Puerto Rico and France. You may not know that the dental assistant correspondence course is the largest in enrollment and scope of the entire Extension Division of our University. Any high school graduate or equivalent, who may or may not be working in a dental office is eligible. The course consists of 27 lesson assignments and a final supervised examination. It may be completed by the student in seven weeks (minimum) or 13-months (maximum). The cost is only $60. The official manual is the Brauer-Richardson Text, "The Dental Assistant," authored by a large number of our faculty. The successful completion of this course which has been approved by the American Dental Assistants Association (and is the only correspondence course approved by them) meets the requirements for the Certification Examination of the ADAA. (Brochures are also available on this course.)

The 104-hour extension study course, with similar preparation for certification, is given under direction of the ADAA in various cities in North Carolina. This, of course, is open only to girls now employed as dental assistants.

Refresher Courses

Where does the now practicing dentist fit into this picture — one who was graduated before these student dentist-assistant programs came into being? This is a real concern and one which needs everyone's attention. Those practitioners who were graduated before 1962 (with the exception of those schools having pilot - study programs) should have some provision for those who desire to have additional training in the effective use of chairside assistants through refresher or postgraduate courses. These can be conducted by dental schools, by dental study groups, by dental societies through the use of clinics and training films, by city or county health departments or by private dental practitioners who are leaders in the use of multiple auxiliary personnel. Many dental schools are now giving such refresher courses and others plan to.

You will recall that for the past four years, we have dealt with some phase of Practice Administration as the theme for these annual seminars. Cecil Bliss, Harry Klenda, John Anderson, and Robert Stinaff, who are among the foremost proponents of practice administration in the country, have all been on this platform. And as you will recollect, each of them was most emphatic about the function and the advantages to dentistry in the use of, or should I say the effective use of auxiliary dental personnel. Having a girl or two in your office is not the answer, but the wise and efficient use of her is the important factor.

It has also been the policy whenever possible to bring in and to demonstrate the need and value of auxiliary personnel in the recent postgraduate study course given at the University. This philosophy has been particularly noteworthy in the courses in Dentistry for Children given by the Department of Pedodontics. This belief has been subscribed to not only by the members of the pedodontic faculty

conducting these courses, but by the guest lecturers who have appeared on the various programs, such as Roy Wolfe, Francis Summers, John Woehler and other nationally known clinicians.

Conclusion

In conclusion, the dentists of North Carolina are assuming responsibility in a very definite manner in finding ways of solving the dental manpower situation as reflected in the action of your House of Delegates in 1958. This is shown in the formulation of definite long-range plans, and more recently in assisting in the activation of the Dental Laboratory Technicians Program at the Industrial Education Center in Durham. Likewise, in helping to establish the Dental Assistant Program in Burlington and in the present planning of similar schools for dental assistants in other cities of the state.

However, we have much to learn and to gain in this state and in our dental educational programs by finding ways and means of better utilization of auxiliary personnel.

I am certain that many additional findings will be established from the results of our present programs here at the school, in the use of auxiliary personnel and that the dentists of this state will give consideration and approval for the continuance and expansion of experimental programs for the effective use of such auxiliary personnel.

The dental profession of this state has already demonstrated their concern in this area, and I am confident that they will continue to express this same vital interest in the dental manpower problems of the future.

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Dentistry and the Cardiac Child

Fred N. Mitchell, M.D.

The dentist is occasionally required to perform procedures of varying magnitude upon children afflicted with rheumatic heart disease, active rheumatic fever, or varying types of congenital heart disease. Especially in the case of the dentist who does only a small percentage of his practice on children, the presence of heart disease might pose some problems. It is the purpose of this paper to clarify the more important hazards of such dental care as they relate to the "cardiac child." Although certain aspects will apply to similarly affected adults it is not the purpose of this paper to encompass other cardiac conditions most commonly seen in adults.

Some general observations and considerations should be helpful. The dentist should know something of the patient's medical history especially as related to the type of heart lesion that might be present. He should be aware of the patient's medications and dosage schedule and, where possible, secure a consultation with either a pediatric cardiologist or an adult cardiologist, and with the patient's attending pediatrician or family physician. The cardiologist, if not regularly in attendance, may be helpful in avoiding problems or pitfalls which might be encountered. The patient's physician's knowledge of the medical history, therapeutic responses, and degree of cardiac compensation may save one considerable embarrassment in the absence of a regularly attending cardiologist. Unless it is completely justifiable one should at all times avoid procedures on the seriously ill cardiac patient, the patient who has chronic heart failure, and the patient with incipient cardiac decompensation. In general, an otherwise healthy child with a heart lesion can be treated in the normal fashion except as noted below.

Many types of heart lesions are

susceptible to acute or sub-acute bacterial endocarditis. It is of some value to know the type of cardiac lesion with which the patient is afflicted since some types are more commonly associated with endocarditis than others. Stenotic valve lesions of the left side of the heart, ventricular septal defects, patent ductus arteriosus and Tetralogy of Fallot lesions demand close supervision for prophylaxis but it should not be overlooked that all other lesions increase the risk of bacterial endocarditis but to a lesser degree. This condition, characterized by bacterial "vegetations" on or near intracardiac lesions, often evades diagnosis initially, is sometimes difficult to treat successfully, and is often a hazard to life or capable of producing a high degree of morbidity. Any bacterium may cause this condition but certain organisms commonly found in the buccal flora are often the causative agent. These agents include Staphylococci, Pneumococci and Streptococci, especially S. Viridens. It behooves the dentist to exert maximal effort and judgment to protect the "cardiac child" from this serious complication.

It has been demonstrated that bacteremia is usually present within at least thirty or forty minutes after a person with dental caries performs hard chewing, or after dental drilling, reconstructive surgery, or extraction. Although one cannot protect against the hazard of chewing in the unattended, something can be done to protect patients under treatment.

Therapeutic Approach

There are a variety of therapeutic approaches in this matter but in dealing with the "cardiac child" one must satisfactorily answer "yes" to the question, "Does this child need this procedure?", and "no" to the question, "Will this procedure be safe for the patient to undergo?". When these questions are satisfactorily answered then one must insure the safety to the patient by judicious use of antibiotics.

No one antibiotic covers all the spectra of bacteria so that the drug selected in the prophylaxis of endocarditis must cope with the greatest number of organisms of buccal origin which are capable of causing the condition in question. It is safe to say that, barring individual sensitivity, penicillin is the antibiotic of choice in the prophylaxis of bacterial endocarditis resulting from oral surgery or manipulation. The only points of contention involve the time and route of administration.

Timing

The timing of antibiotic administration seems to the writer to be no problem but many persons feel strongly that it is. In essence, the argument involves giving the antibiotic several days in advance of a planned procedure versus giving the medication on the day of the procedure. One should be interested in preventing bacteremia at which time the bacterial "foot hold" is gained. If the patient has a bacteremia from other causes this should be treated per se and not because of anticipated procedures, the exception being a dental abscess in which case therapeutic application of antibiotics is needed for the abscess itself. In the writer's opinion, the use of early prophylaxis has no advantage and, in fact, could be disadvantageous

since bacterial resistance could develop prior to the bacteremic phase. One needs a high bacteriocidal level to correspond with the occurrence of expected bacteremia and continued high levels for at least twelve hours then adequate levels sufficiently prolonged to insure the sterilization of the blood of the offending organism. As we shall see, these criteria can be met by therapy on the day of the procedure.

Method of Administration

Oral antibiotic troches have been advocated as a means of buccal sterilization. Unfortunately the bacteria seldom oblige by living superficially enough to be killed by this type of administration. In addition, this type of administration can be accompanied by local reaction which at best would make oral work more difficult.

Orally administered antibiotics have many proponents and the development of penicillin V makes it more attractive. Actually this type of administration is easier on the patient and is capable of producing excellent blood levels in proper dosage. The weakness lies in the patient upon whom one must rely for administration. Most patients will take such medication initially but time often produces lapses of memory. Penicillin G, which is less expensive than V, can also be used effectively although its absorption may be more erratic.

The intramuscular route is the route of choice in the opinion of the writer. The disadvantage of painful injection is negated by the blood levels which are obtained, the speed of attainment, prolonged therapy without relying on the patient's memory and total low cost to the patient. Currently available is the 2 cc. 1.2 million unit combination of penicillin K 300,000 units, procaine penicillin 300,000 units and benzithane penicillin 600,000 units. This combination produces rapid high blood levels which are then prolonged for twenty-four hours, then sufficient blood levels in the child are maintained for six to seven days. This combination permits injection forty-five to sixty minutes prior to oral manipulation with assurance that excellent blood levels will be present at the time of the procedure.

Type of Anesthetic

Another difficulty likely to cause concern, if not trouble, is the suitability of the "cardiac child" for a local or general anesthetic. In general, where no sensitivity is known to exist, local anesthesia is preferred and can be tolerated by the "cardiac child" as well as other children. The combination of a local anesthetic and adrenalin should be avoided if there is any reason to suspect incipient heart failure, frank heart failure, aortic stenosis, or coarctation of the aorta. In the unruly child and very young child, or where a major procedure is contemplated, a general anesthetic may be necessary. In such cases a trained anesthesiologist is a prerequisite for the maximum safety of the patient. Induction should be short and smooth and the change to a high oxygen-gas ratio anesthetic should be as swift as possible. High oxygen concentration is mandatory in the cyanotic child and just a bit less imperative for the acyanotic child. In my opinion, the need for a high oxygen saturation precludes the

use of nitrous oxide and ethylene.

In general, the best overall agent is the oldest — ether. In skilled hands this agent may be used by the endotracheal route while open drop is the safest method of administration for the less skilled person. Where there is danger of sparks during the procedure, a non-explosive agent must be used regardless of the oxygen-gas ratio.

Premedication

The preoperative medications such as atropine and scopolamine should be used judiciously. Their value for the cardiac patient undergoing anesthesia is the same as that for any other patient but it should be remembered that these drugs cause an increased heart rate which could tip the scales unfavorably in the patient with incipient heart failure.

When the patient has been premedicated with narcotics or potent hypnotics, cyclopropane and halogenated compounds have been associated with cardiac arrhythmias. In the writer's opinion these agents should be avoided for general use, but if there are specific reasons for their administration they should be administered by a skilled anesthesiologist. If the procedure is unexpectedly prolonged, a switch should be made to a safer agent.

The "cardiac child" with a cardiac arrhythmia is not too common. However one might encounter a child with recurrent paroxysmal auricular tachycardia (PAT), varying degrees of congenital or acquired heart block, and even auricular fibrillation in some older children with rheumatic heart disease. These arrhythmias should not frighten one but one should keep in mind that the anoxic myocardium is more prone to develop more severe arrhythmias than the normally oxygenated myocardium so that the method of administration and type of agent should give as high an arterial oxygen saturation as is possible to obtain compatable with a level of anesthesia required for the procedure.

The anesthesist and operator should be familiar with the pharmacology and use of digitalis, procaine amide, atropine, *Isuprel,* adrenalin, calcium chloride and potassium chloride. Both persons should be equally familiar with cardiac resuscitation techniques and the necessary equipment should be available if needed.

Summary

The "cardiac child" presents a problem to every dentist that works with children. One of the most important aspects of handling this type of patient is to first obtain a complete medical history before performing any operation. Where dental procedures are deemed necessary, they should be performed, but only in conjunction with a cardiologist and the patient's physician. When this is done, the hazards are held to a minimum.

229 North Torrence Street
Charlotte 4, N. C.

Faculty News



KERMIT F. KNUDTZON, D.D.S.*

Congressional Hearing

Dean John C. Brauer appeared February 6 before the Interstate and Foreign Commerce Commission of the House of Representatives, Washington, D. C., regarding H.R. 12. This bill would provide funds for the building of new or expanded medical, dental, nursing, pharmacy, and public health facilities. It would also provide substantial amount of funds for loans to students of medicine and dentistry. Dr. Brauer was the official representative and witness of the American Association of Dental Schools. Dr. James Hollers, San Antonio, Texas, President-elect of the American Dental Association, was the official representative and witness for the ADA.

Publications

Dr. John B. Sowter, Associate Professor, Department of Prosthodontics, has had a chapter on "Materials Used in Partial Dentures" published in the November 1962 issue of *Dental Clinics of North America,* W. B. Saunders Co.

Dr. Walter T. McFall, Jr., Assistant Professor of Periodontics and Oral Pathology has had an article published in the *Journal of the American Society of Periodontists,* February 1963, entitled "Histological Studies of Human Prenatal Oral Mucous Membranes."

Postgraduate Course

The following members of the North Carolina Dental Society were among those taking the postgraduate course in Silver Amalgam Restorations by Dr. Miles Markley of Denver, Colorado, February 19-23: Dr. Marshall R. Barringer, Newton; Drs. C. F. Biddix, W. Stewart Peery, and Robert Watson, Charlotte; and Dr. Douglas Strickland, Chapel Hill.

Dental Research Center News

Holloway, Reeves, and Associates are the architects for the new Dental Research Center. Assistant Dean Demeritt and his committee are working with the architects and have established the following target dates: Completion of plans, June 1, 1963; letting of contracts and beginning of construction, August 15, 1963; completion of building, December 1964—January 1965.

*Professor of Practice Administration and Dental Science, U.N.C. School of Dentistry.

Papers, Clinics and Meetings

Dr. Clifton Crandell, Assistant Professor, Department of Oral Diagnosis and Treatment Planning presented a paper on "Radiation-induced Changes in Oral Epithelium as Seen in Exfoliative Cytology" at the annual meeting of the International Association for Dental Research held in Pittsburgh, March 22, 1963.

Dr. Theodore Oldenburg, Assistant Professor, Department of Pedodontics read a paper, "The Effectiveness of the Electric Toothbrush in Reducing Oral Debris in Handicapped Children," at the same IADR meeting.

Dr. James Bawden presented a paper reporting the research work of Bawden, Wolkoff, and Flowers on "Maternal and Fetal Blood Calcium Levels in Sheep"; and Mr. Thomas McIver, a sophomore dental student at UNC, read a paper reporting the research of Dr. James Bawden and Thomas McIver on "Distribution of Calcium-45 During Pregnancy Under Calcium Deficiency in Rats," at the recent meeting of the International Association for Dental Research in Pittsburgh, Pennsylvania.

Dr. Roy Lindahl, Professor and Head, Department of Pedodontics, presented three limited-attendance clinics at the Chicago Mid-winter Meeting, February 3-6 on "Foundations for the Future." Dr. Lindahl also gave a paper at the Lehigh Valley Dental Society, Bethlehem, Pennsylvania, January 19, 1963, on "Oral Diagnosis and the Utilization of Auxiliary Personnel in Pedodontics." Dr. Lindahl conducted a limited-attendance class February 17 at the Third Annual Florida Pedodontic Seminar.

Dr. Kermit Knudtzon, Professor and Head, Department of Practice Administration and Dental Science gave an essay at the Chicago Dental Society meeting February 3-6 on "Auxiliary Personnel—A New Era in Dental Practice."

Dr. Monte G. Miska presented a table clinic at the same meeting on "Porcelain Fused to Metal Fixed Bridgework."

The UNC Orthodontic Alumni Association held its annual meeting December 3 and 4 at the School of Dentistry. Dr. John Lundquist of Indianapolis was the speaker.

The North Carolina Orthodontic Society meeting held in Durham, January 21-22 was attended by graduate students and faculty of the School of Dentistry. Dr. Charles Tweed of Phoenix, Arizona, was the guest lecturer.

Dr. Robert Sager, Associate Professor of Periodontics and Oral Pathology, attended the American Academy of Dental Medicine and the Greater New York Meeting in December 1962.

Dental Assistants Summer Program

The third three-month summer course in Dental Assisting at the UNC School of Dentistry will begin June 6, 1963, and will be completed August 30, 1963. This year twenty girls will be accepted in the program instead of the former fifteen. Anyone desiring to employ one of these formally trained dental assistants about September 1, 1963, should contact the General Supervisor, Dental Assistant Program, Box 750, Chapel Hill, N. C.

The Third District Gavel

Neal Sheffield, D.D.S.

A gavel of historic significance has been recovered by the Third District Dental Society. Fashioned from timber which witnessed the battles of Alamance Creek and Guilford Courthouse, it symbolizes the beginning and the end of the great struggle between the American Colonists and England, in which our country gained its independence.

The first armed resistance against the unjust laws of the King of England took place at the Battle of Alamance Creek in the year 1771. At first it shocked some of our great statesmen, but it did not take them long to join in the struggle, and the Revolutionary War was on.



Ten years later, in 1781, the famous Battle of Guilford Courthouse between Lord Cornwallis and General Greene virtually ended the colonists' struggle for independence from the mother country, England. As the battle ended, Lord Cornwallis suffered heavy losses in men and supplies, and General Greene quickly withdrew from the scene. In his report of the battle to the King of England, Cornwallis said he "had won the victory, but another victory like this, and I am finished."

During the following months the British Army marched to the Carolina coast only to find the ports blockaded. Increased resistance from north and south forced Cornwallis to maneuver to Yorktown, where, on October 19, 1781, he surrendered his entire army of eight thousand men to General George Washington. On September 3, 1784, the British government acknowledged the independence of the United States of America.

The gavel was originally presented to the Third District Dental Society at the annual meeting at Southern Pines in 1934. About ten years ago the gavel was misplaced. It was recently found and was again presented to the Third District Dental Society at its meeting in Durham last fall.

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Preliminary Program

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107th Annual Session

North Carolina Dental Society

May 5, 6, 7, 8, 1963

THE CAROLINA

PINEHURST

107TH ANNUAL SESSION COMMITTEE

General Chairman
E. A. Pearson, Jr.

Arrangements

Richard S. Hunter, Chairman; Glenn F. Bitler, J. Malcolm McAllister, David B. Masters.

Clinics

F. A. Buchanan, Chairman; W. Penn Marshall, Grover W. Smith, Milton S. Thurston, Guy R. Willis.

Entertainment

D. W. Seifert, Jr., Chairman; W. Harrell Johnson, B. B. Sapp, Jr.

Exhibits

W. Penn Marshall, Chairman (Commercial Exhibits); Gerald M. Cathey, Co-Chairman (Scientific Exhibits); John W. Girard, Jr., John T. Hughes, Ledyard E. Ross.

Hospitality

A. Dwight Price, Chairman; Luther H. Butler, David P. Dobson, C. L. Sockwell, Robert W. Sugg.

Monitor

Robert H. Gainey, Chairman; Worth M. Byrd, Co-Chairman, Donald E. Bland, Marshall B. Corl, Frank H. Daniel, John H. Dixon, David H. Freshwater, Richard F. Hunt, Jr., William C. Keith, William E. Kidd, Lewis W. Lee, Walter T. McFall, Jr., Zyba K. Massey, W. E. Neal, Edward N. Pridgen, Maurice B. Richardson, Junius H. Rose, Jr., Neal Sheffield, Jr., William G. Ware, Jr., Raymond C. Whitehurst, Jr., G. Curtis Wilson, Robert A. Yates.

Necrology

J. Ernest Roberts, Chairman; Boyce A. Brawley, Dewey Boseman, Marcus R. Smith, W. T. Pennell.

Projected Clinics

Barry G. Miller, Chairman.

Publicity

T. E. Sikes, Jr., Chairman; Z. L. Edwards, Jr., Walter H. Davis, W. Stewart Peery, J. Henry Ligon, Jr.

Sports

R. Bruce Warlick, Chairman; J. A. Pearce, R. S. Turner.

Visual Education

Cecil A. Pless, Jr., Chairman; Fenton S. Cunningham, Robert J. Shankle.



OFFICERS
NORTH CAROLINA DENTAL SOCIETY
1962-1963

Edgar D. Baker, D.D.S., Raleigh.....President
S. Byron Towler, D.D.S., Raleigh.....President-Elect
George S. Alexander, D.D.S., Kannapolis.....Vice President
Dennis S. Cook, D.D.S., Lenoir.....Secretary-Treasurer
C. C. Diercks, D.D.S., Morganton.....Editor-Publisher
Andrew M. Cunningham, Raleigh.....Executive Secretary

General Information

Registration

The registration desk will be open at 10:30 a.m. Sunday, May 5, in the Foyer of The Carolina. Members must present their 1963 membership cards.

General Sessions

Three General Sessions will be held in the Ballroom: Sunday at 8:30 p.m., Monday at 8:30 p.m., and Wednesday at 11:30 a.m. Everyone is cordially invited to attend the General Sessions Sunday evening and Wednesday morning. Officers will be elected at the General Session Monday night and only members will be admitted.

House of Delegates

Four meetings of the House of Delegates will be held in the Bridge Room: Sunday at 2:00 p.m., Monday at 9:00 a.m., Tuesday at 9:00 a.m., and Wednesday at 10:00 a.m. Delegates only will be admitted to the floor of the House but a gallery will be provided for visitors.

Commercial Exhibits

Be sure to visit all 72 exhibits by dental manufacturers, dealers and dental laboratories on the West Porches. Each will be represented by competent and well-qualified representatives. They can be a very helpful source of information on the latest in dental equipment and services. The commercial exhibit area will be open on Sunday from 1:00 p.m. to 5:00 p.m., and on Monday and Tuesday from 9:00 a.m. to 5:00 p.m. Free refreshments will be provided in this area through the courtesy of the North Carolina Dairy Products Association, the Aberdeen Coca-Cola Bottling Company, and the Seven-Up Bottling Company of Raleigh.

Sports

Five sports events are scheduled for Sunday, May 5.

A Golf Tournament will be held on the Pinehurst Country Club course. Teeing-off time begins at 8:00 a.m. and no entries will be allowed after 1:00 p.m. Scores must be turned in by 6:00 p.m. The entry fee is 75 cents.

Tennis Matches on The Carolina courts will begin at 1:00 p.m.

A Bowling Tournament will start at 1:00 p.m., on 10 AMF lanes in a local bowling alley.

A Fishing Contest will be held at three ponds owned by The Carolina—Upper and Lower Monroe Ponds and Otter Pond. All ponds are about two miles from the hotel. For directions, ask the doorman.

A Skeet Shoot at the Pinehurst Gun Club will begin at 1:00 p.m.

Prizes will be awarded in all five events.

Entertainment

Members and their guests are cordially invited to attend the following social events at The Carolina:

An informal social hour on the front lawn, Monday at 5:00 p.m.

The Annual Banquet in the Dining Room on Tuesday at 7:00 p.m. with Dr. Albert G. Edwards, Pastor, First Presbyterian Church, Raleigh, as guest speaker.

A Dance in the Ballroom at 9:30 p.m.

Scientific Exhibits

Several scientific exhibits will be on display in the Cocktail Lounge and adjoining areas during the entire meeting, beginning at 1:00 p.m. Sunday.

District Officers' Conference Breakfast

All members of the District Officers' Conference are urged to meet for breakfast in the Crystal Room at 7:30 a.m. on Monday.

Past Presidents' Breakfast

Past Presidents of the Society are invited to meet for breakfast in the Crystal Room at 7:30 a.m. on Tuesday.

For the Ladies

Several events have been planned especially for the ladies by the North Carolina Dental Auxiliary. See complete program in this issue.

Fraternities

Delta Sigma Delta, Psi Omega and Xi Psi Phi fraternities will meet at 5:00 p.m., Tuesday.

Door Prizes

Valuable door prizes will be awarded at the close of the final General Session on Wednesday morning in the Ballroom. Only dentist-members are eligible and lucky tickets holders must be present to win.

Allied Meetings

Carolinas Chapter, American College of Dentists, luncheon, Sunday, May 5, at 12:00 noon in the Crystal Room of The Carolina.

North Carolina Dental Assistants' Association, Pine Crest Inn, Pinehurst, May 4-7.

North Carolina Dental Auxiliary, The Carolina, May 5-7.

North Carolina Dental Hygienists' Association, Midpines Club, Southern Pines, May 5-8.

North Carolina Section, American Academy of Dental Medicine, luncheon, Tuesday, May 7, at 12:00 noon in the Crystal Room of The Carolina.

University of Maryland Alumni, luncheon, Monday, May 6, at 12:00 noon in the Crystal Room.

University of North Carolina, social hour, Sunday, May 5, at 5:00 p.m. in the Pine Room.

HOUSE OF DELEGATES
NORTH CAROLINA DENTAL SOCIETY

1963

Speaker of the House

Ralph D. Coffey

State Officers

Edgar D. Baker.....President
S. Byron Towler.....President-Elect
George S. Alexander.....Vice President
Dennis S. Cook.....Secretary-Treasurer

Executive Committee

Darden J. Eure, Chairman
Thomas G. Collins
Pearce Roberts, Jr.
Norman F. Ross

Ethics Committee

Thomas M. Hunter, Chairman
A. C. Current, Jr.
W. K. Griffin
W. Stewart Peery
Horace K. Thompson

First District

Fenton S. Cunningham
William Davenport
M. M. Forbes
John W. Girard, Jr.
Frederick C. Shaw

Second District

J. B. Freedland
Robert A. George
James E. Graham, Jr.
Freeman C. Slaughter
Horace P. Reeves, Jr.

Third District

C. B. Corey, Jr.
C. W. Poindexter
Maurice B. Richardson
Baxter B. Sapp, Jr.
T. Edgar Sikes, Jr.

Fourth District

Robert T. Byrd
Walter H. Finch, Jr.
L. D. Herring
William H. Oliver
Colin P. Osborne, Jr.

Fifth District

Marvin W. Aldridge
E. L. Eatman
Herbert W. Gooding
W. T. Ralph
James M. Zealy

Guest Speakers

General Session **Sunday**
8:30 p.m. **Ballroom**



GERALD D. TIMMONS
D.D.S., F.A.C.D.
Philadelphia, Pennsylvania

President
American Dental Association

Dr. Timmons served as Speaker of the ADA House of Delegates from 1956 to 1961. Since 1942 he has been Dean of Temple University School of Dentistry. He is a graduate of Indiana University School of Dentistry and is the first dentist to receive the annual "Health-USA" award. In June 1961 he was one of eight dentists to tour dental schools and research centers in the Soviet Union.

House of Delegates **Monday**
9:00 a.m. **Bridge Room**



WILLIAM A. GARRETT, D.D.S.
Atlanta, Georgia

Trustee, Fifth District
American Dental Association

A graduate of Atlanta Southern Dental College, Dr. Garrett is serving his second term as Trustee of the Fifth District. He has been in general practice in Atlanta since 1919 and a member of the Emory University School of Dentistry Faculty since 1947. For 15 years he represented Georgia in the ADA House of Delegates.

Annual Banquet **Tuesday**
7:00 p.m. **Dining Room**



ALBERT G. EDWARDS
B.S., B.D., D.D.

Pastor
First Presbyterian Church
Raleigh, North Carolina

Dr. Edwards attended secondary school in Scotland. He came to the United States at the age of 19. He attended Georgia Institute of Technology, then forsook engineering for the ministry and completed his studies at Presbyterian College and Union Theological Seminary in Richmond. Before coming to Raleigh in 1958 he served pastorates in Orange and Harrisonburg, Virginia.

Program

Sunday, May 5

8:00 **Golf Tournament** Pinehurst Country Club

10:30 **Registration Begins** Foyer

12:00 **Luncheon, American College of Dentists** Crystal Room

1:00 **Commercial Exhibits Open** West Porches

1:00 **Scientific Exhibits Open** Cocktail Lounge
Skeet Shoot Pinehurst Gun Club
Fishing Contest Selected Ponds, Pinehurst
Tennis Tournament Hotel Courts
Bowling Tournament Local Alleys

2:00 **House of Delegates, First Session** Bridge Room

3:00 **Projected Clinics by Study Clubs** Ballroom

5:00 **Social Hour UNC Alumni** Pine Room

8:30 **First General Session** Ballroom
UNC School of Dentistry Chorus
Necrology Service
Recognition of Guests
Address: Edgar D. Baker, D.D.S., President, NCDS
Address: Gerald D. Timmons, D.D.S., President, ADA
Report: Dental Foundation of N. C., Inc.

Monday, May 6

7:30 **District Officers' Conference Breakfast** Crystal Room
M. M. Forbes, D.D.S., Presiding

9:00 **House of Delegates, Second Session** Bridge Room

9:15 **Film: Earliest Clinical Signs of Intra-Oral Malignancies** Ballroom

9:45 **Important Advances in Dental Research** Ballroom
Sumter S. Arnim, D.D.S., University of Texas

11:00 **Geriatric Principles in Prosthodontic Practice** Ballroom
Max A. Pleasure, D.D.S., Chief, Dental Service,
VA Hospital, Bronx, New York

12:00 **Luncheon, University of Maryland Alumni** Crystal Room

1:30 **Film: Occlusal Equilibration** Ballroom

2:00 **Application of Geriatric Principles in Complete Denture Construction (Projected Clinic)** Ballroom
Max A. Pleasure, D.D.S., Chief, Dental Service,
VA Hospital, Bronx, New York

5:00 **Informal Social Hour for Members and their Guests**.....Front Lawn

8:30 **Second General Session**.....Ballroom
Election of Officers
Selection of site for 1965 Session

Tuesday, May 7

7:30 **Past Presidents' Breakfast**.....Crystal Room
Norman F. Ross, D.D.S., Presiding

9:00 **House of Delegates, Third Session**.....Bridge Room

9:15 **Film: Reverse-Pin Porcelain Veneer and Pontic Technique**.....Ballroom

9:45 **Important Advances in Dental Research**.....Ballroom
Sumter S. Arnim, D.D.S., University of Texas

12:00 **Luncheon, American Academy of Dental Medicine**....Crystal Room

1:30 **Film: Pulse of Life**.....Ballroom

2:00 **Foundations for the Future**.....Ballroom
Roy L. Lindahl, D.D.S., U. of N. C.

5:00 **Fraternity Hour**
Delta Sigma Delta.....Parlor 80—East Wing
Psi Omega.....Pine Room
Xi Psi Phi.....Bridge Room

7:00 **Banquet**.....Dining Room
Speaker: Albert G. Edwards, D.D., Pastor, First Presbyterian Church, Raleigh

9:30 **Dance**.....Ballroom

Wednesday, May 8

9:00 **Table Clinics**.....Ballroom

10:00 **House of Delegates, Fourth Session**.....Bridge Room

11:30 **Third General Session**.....Ballroom
Installation of Officers
Awarding of Door Prizes
Adjournment sine die

Essayists



MAX A. PLEASURE, D.D.S., M.S., F.A.C.D.
Bronx, New York

Dr. Pleasure is Chief, Dental Service, Veterans Administration Hospital, Bronx, New York. He is a graduate of the University of Pennsylvania School of Dentistry and received a Master's Degree in Public Health from Columbia University, where he was Associate Professor of Prosthodontics from 1946-1952.

Monday, 11:00 a.m. **Ballroom**

GERIATRIC PRINCIPLES IN PROSTHODONTIC PRACTICE

Monday, 2:00 p.m. **Ballroom**

APPLICATION OF GERIATRIC PRINCIPLES IN COMPLETE DENTURE CONSTRUCTION

A two-hour projected clinic.



SUMTER S. ARNIM, B.A., D.D.S., Ph.D.
Houston, Texas

Dr. Arnim is currently Professor and Chairman of the Department of Pathology and Director of the Postgraduate School of Dentistry in the Dental Branch of the University of Texas. He was graduated from Rice University, received his dental degree from Northwestern and a doctorate degree in Pathology from Yale University.

Monday, 9:45 a.m. **Ballroom**

Tuesday, 9:45 a.m. **Ballroom**

IMPORTANT ADVANCES IN DENTAL RESEARCH OF VALUE TO THE DENTIST AND HIS PATIENTS

Recent contributions concerning the anatomy and physiology of the gingival tissues and the nature of the adherent microbial masses on tooth surfaces give the dental profession new knowledge of value for the prevention of dental disease in individual patients and at the community level. Concepts of particular interest and usefulness to the general practitioner provide the subject matter for this series of lectures. They deal with the latest information concerning the natural history of periodontal disease and dental caries with its clinical applications to the control of these diseases and the preservation of oral health.



ROY L. LINDAHL, B.S., D.D.S., M.S.
Chapel Hill, North Carolina

Dr. Lindahl is Professor and Head, Department of Pedodontics, School of Dentistry, University of North Carolina. He received his undergraduate and dental degrees from the University of California and a Master's Degree in Dentistry for Children from the University of Michigan. He is an Examining Member of the American Board of Pedodontics.

Tuesday, 2:00 p.m. **Ballroom**

FOUNDATIONS FOR THE FUTURE

A discussion, accompanied with slides, of the modern-day potentials of dentistry for children, methods of providing a complete dental service for children, and suggestions for parent management, diagnosis and case presentation.

Projected Clinics by Study Clubs

Sunday, 3:00 p.m. **Ballroom**

Moderator: Dr. Barry G. Miller

1. **Periodontia,** M. W. Aldridge, D.D.S., Loblolly Dental Study Club
2. **Trifles in Helping with Office Efficiency,** Horace P. Reeves, Jr., D.D.S., Charlotte Dental Study Club
3. **Pulp Therapy,** Donald E. Bland, D.D.S., Demeritt Dental Study Club
4. **Aids to the General Practitioner,** Richard M. Fields, D.D.S., P.B.P. Dental Study Club
5. **Full-mouth Rehabilitation,** Britton F. Beasley, D.D.S., Southeastern Dental Study Club
6. **Conservative Endodontics,** Roger E. Sturdevant, D.D.S., Piedmont Study Club
7. **Copper Bands Tray Impression Technique for Fixed Bridgework,** Fred N. Ogden, D.D.S., Western North Carolina Dental Study Club
8. **Double Impression Technique for Full Denture Using Alginate Impression Material,** Charles T. Barker, D.D.S., Periodontic Study Club
9. **Practical Dentistry for the Cleft Palate Patient,** Matthew T. Wood, UNC School of Dentistry

Table Clinics

Wednesday, 9:00-11:00 a.m. **Ballroom**

1. **Space Maintainers,** Dr. Alice Patsy McGuire, Sylva and Dr. C. V. Winter, Charlotte
2. **Color Slides and Case Presentation,** Dr. James H. Maddox, Enka
3. **Surgical Correction of Prognathism,** Dr. John F. Lemler, Asheville
4. **Class Five Gold Foil Restorations,** Dr. Kenneth M. Ray, Asheville
5. **Crown and Bridge,** Drs. R. W. Holmes and E. Kent Rogers, III, Asheville
6. **The Reverse Pin-Faced Crown and Pontic,** Dr. Pearce Roberts, Jr., Asheville
7. **Bleaching Non-Vital Teeth,** Dr. Robert H. Watson, Charlotte
8. **Practical Ideas in Pedodontics,** Dr. D. Clyde Young, Jr., Salisbury
9. **Pedodontia,** Dr. Frank H. Daniel, Winston-Salem
10. **Cytology in Early Diagnosis of Oral Cancer,** Drs. Nelson D. Large and Ralph H. Campbell, VA Hospital, Salisbury
11. **Crown and Bridge Procedure,** Dr. Baxter B. Sapp, Jr., Durham
12. **Interceptive Orthodontia,** Dr. James B. King, Pittsboro
13. **Endodontics in Primary Teeth,** Dr. L. M. Heath, Durham
14. **Crown and Bridge for Children,** Dr. Benjamin R. Baker, Chapel Hill
15. **Extra-Oral X-Ray,** Dr. J. M. Stubbs, Rockingham
16. **Routine Endodontic Procedures,** Dr. Thomas H. Byrd, Jr., Raleigh
17. **A Bite Opening Technique,** Lt. Col. Robert I. Cochran, Ft. Bragg
18. **Prosthesis Construction Following Radical Surgery,** Dr. L. D. Herring, Raleigh
19. **Why X-Rays,** Drs. Darwin W. McCaffity and J. Fred Sproul, Raleigh
20. **Endodontia with Periradicular Currettage,** Dr. C. Burkhead Ledbetter, Raleigh

21. **Full Mouth Rehabilitation,** Dr. Britton F. Beasley, Kinston
22. **Preventive Periodontics,** Dr. Sidney V. Allen, Wilmington
23. **Prosthodontics,** Capt. Gilbert Larson, Camp Lejeune
24. **Practical Treatment of Advanced Periodontal Problems,** Dr. M. W. Aldridge, Greenville
25. **North Carolina Dental Assistants Association**
26. **North Carolina Dental Hygienists Association**

Visual Education

Monday and Tuesday — **Ballroom**

Monday, 9:15 a.m. **Earliest Clinical Signs of Intra-Oral Malignancies.** This film was designed for all professional personnel who perform oral examinations. It includes inspection and palpitation of the head, face, and neck as an important part of physical diagnosis. The intra-oral sites that are most prone to malignant change are emphasized.

Monday, 1:30 p.m. **Occlusal Equilibration.** The film was made to teach the theory and practice of equilibrating the occlusion of natural dentition employing animated drawings, models, charts, roentgenograms and the patient. Causal relationships are demonstrated. Diagnosis and treatment of cause rather than symptoms are emphasized. The second half of the film demonstrates the technics of equilibration in a patient. The film concludes with a summary.

Tuesday, 9:15 a.m. **Reverse-Pin Porcelain Veneer and Pontic Technique.** The film describes a new veneer and pontic facing technic which utilizes porcelain denture teeth that are specially prepared in the fabrication of both anterior and posterior fixed bridges. The technic is presented from preparation to insertion of the bridge, with emphasis on laboratory procedures.

Tuesday, 1:30 p.m. **Pulse of Life.** This film graphically portrays external cardiac massage and mouth-to-mouth resuscitation.

Scientific Exhibits

Sunday, 1:00 p.m., through Wednesday **Cocktail Lounge**

1. **The Role of the Dentist in Cancer Control,** American Cancer Society
2. **Dairy Council Units of North Carolina**
3. **Management of Maxillofacial Injuries,** Dr. Nicholas G. Georgiade
4. **Clinical Research at National Institute of Dental Research,** National Institutes of Health
5. **Protect Your Patient's Heart,** Department of Health, Education and Welfare
6. **Durham Industrial Education Center**
7. **Dental Practice and the Cardiac Patient,** North Carolina Heart Association
8. **United States Air Force**
9. **Dental Treatment for Handicapped Children,** UNC School of Dentistry
10. **My School Dentist Told Me About . . . ,** Division of Oral Hygiene, North Carolina State Board of Health
11. **Mouthguards for Contact Sports,** Dr. Dwight L. Clark
12. **North Carolina Dental Assistants Association**
13. **North Carolina Dietetic Association**

Special Exhibit

Sunday, 1:00 p.m., through Wednesday **Dutch Room**

DENTISTS IN GRAY

Library and History Committee, North Carolina Dental Society
Neal Sheffield, D.D.S., Chairman

Commercial Exhibits

Sunday, 1:00 p.m. to 5:00 p.m.

Monday and Tuesday, 9:00 a.m. to 5:00 p.m. West Porches

You are urged to visit the commercial exhibits. These manufacturers, dealers, laboratories and other organizations will be represented by highly qualified people who can give you helpful hints on economical and intelligent buying.

Firm Name	Booth
Aberdeen Coca-Cola Bottling Company	33
Astra Pharmaceutical Products, Inc., Worcester, Mass.	17
Block Drug Company, Inc., Jersey City, N. J.	61
Bosworth, H. J., Company, Chicago, Ill.	49
Buran's Dental Laboratory, Asheville	16
Carolina Dental Laboratory, Raleigh	12
Carolina Dental Supply Co., Winston-Salem	51
Cascade M/D Products, Inc., Ashland, Ore.	10
Caulk, The L. D., Company, Milford, Del.	14
Charlotte Laboratory, Inc., Charlotte	77
Cook-Waite Laboratory, Inc., New York, N. Y.	87
Deese Dental Laboratory, Charlotte	60
Densco, Inc., Denver, Col.	47 & 48
Dental Perfection Co., Glendale, Calif.	40
Dentists Supply Co. of N. Y., York, Penn.	35 & 36
Encore Power Division, Inc., Portland, Ore.	28
Getz, William, Corporation, Chicago, Ill.	32
Graham, Dale G., Mfg. Rep., Smyrna, Ga.	28 & 29
Greensboro Laboratory, Greensboro	15
Hanau Engineering Co., Buffalo, N. Y.	52, 53, & 54
Hoyt Pharmaceutical Corp., Newton, Mass.	78
Hygienic Dental Mfg. Co., Akron, Ohio	52, 53 & 54
Jelenko, J. F. and Co., Inc., New York, N. Y.	13
Johnson & Johnson, New Brunswick, N. J.	7
Justi, H. D., & Son, Inc., Philadelphia, Penn.	50
Keener Dental Supply Co., Asheville	55 & 57
Kerr Manufacturing Co., Detroit, Mich.	21
Lactona Products Division, St. Paul, Minn.	59
Lavoris Division, Vick Chemical Co., New York, N. Y.	69

Firm Name	Booth
Lederle Laboratories, Pearl River, N. Y.	58
Lippincott, J. B., Company, Philadelphia, Penn.	68
Lochhead Laboratories, Inc., Cincinnati, Ohio	9
Mayrand, Inc., Greensboro	64
Merrell, William S., Co., Cincinnati, Ohio	72
Midwest Dental Mfg. Co., Melrose Park, Ill.	4
Mizzy, Inc., Clifton Forge, Va.	86
National Cash Register Co., Raleigh	62 & 63
Nevamar Professional Dental Cabinets, Odenton, Md.	81
Noble Dental Laboratory, Raleigh	34
Novocol Chemical Mfg. Co., Inc., Brooklyn, N. Y.	8
Oral B Company, San Jose, Calif.	39
Pedodontic Service, Inc., Charlotte	82
Powers & Anderson Dental Co., Raleigh	19 & 20
Premier Dental Products, Co., Philadelphia, Penn.	5
Procter & Gamble Company, Cincinnati, Ohio	2
Professional Budget Plan, Madison, Wis.	3
Professional Education & Research, Omaha, Neb.	83
Professional Management, Asheville	38
Raleigh Dental Laboratory, Raleigh	67
Raye's Professional Uniforms, Raleigh	30
Richmond Dental Cotton Co., Charlotte	73
Ritter Co., Inc., Rochester, N. Y.	22, 23 & 24
Rothstein Dental Laboratories, Inc., Washington, D. C.	70
Schering Corp., Union, N. J.	89
Seven-Up Bottling Company of Raleigh, Inc.	6
Paul K. Smith, Decatur, Ga.	52, 53 & 54
Southern Oral Laboratories, Inc., Jacksonville, Fla.	31
Squibb, E. R., and Sons, New York, N. Y.	79
Sturgis, J. Minor, Atlanta, Ga.	11
Sullivan Laboratories, Washington, D. C.	1
Terry Crown & Bridge Laboratory, Gastonia	88
Thompson Dental Company, Greensboro	25, 26 & 27
Torit Mfg. Co., St. Paul, Minn.	28
U. S. Vitamin & Pharmaceutical Corp., New York, N. Y.	66
Valtronic Corp., New York, N. Y.	29
Walker-Sizer Dental Co., Raleigh	45, 46, 74, 75 & 76
Wellman, H. H., Dental Laboratory, Concord	80
Westlund Dental Studios, Minneapolis, Minn.	71
White, The S. S., Dental Mfg. Co., Philadelphia, Penn.	84 & 85
Whitehall Laboratories, New York, N. Y.	37
Wilkie's Dental Laboratory, Burlington	18
Woodward Prosthetic Company, Greensboro	43 & 44
X-Ray Mfg. Corp. of America, Great Neck, N. Y.	52, 53, & 54

Refreshments Will Be Served in the Exhibition Areas Courtesy of:

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NORTH CAROLINA DENTAL ASSISTANTS' ASSOCIATION

THIRTEENTH ANNUAL MEETING
PINE CREST INN, PINEHURST, NORTH CAROLINA
MAY 4-7, 1963

PROGRAM

Saturday, May 4

5:00 **Registration** Main Lobby
7:30 **Meeting of the Nominating Committee**
8:00 **Meeting of the Board of Directors** Card Room

Sunday, May 5

8:00 **Breakfast Honoring Past Presidents** Dining Room
9:00 **Registration** Main Lobby
10:00 **First Session Business Body** Card Room
1:00 **Luncheon Honoring Guests** Main Dining Room
Address: "New Horizons for Dental Assistants," S. Byron Towler, D.D.S., President-Elect, N.C.D.S.
2:30 **Registration** Main Lobby
3:00 **General Session** Card Room
Address of Welcome: Riley S. Stallings, Jr., D.D.S.
Response: Eldora Abernathy
Greetings from ADAA: Ruth Martinson, President, A.D.A.A.
"A Changing Pattern," Roger E. Barton, D.D.S.
"Credits and Collections," Mrs. Viola Billue, Vice President, Bank of Charlotte
"Ethics and Jurisprudence," Frank O. Alford, D.D.S.
"You Are the ADAA," Virginia Carpenter, Fifth District Trustee, ADAA
President's Address: Janie Brown
8:00 **Meeting of Board of Directors** Card Room
9:00 **Open House** Card Room

Monday, May 6

9:00 **Registration** Main Lobby
9:30 **Second Session Business Body** Card Room
11:30 **Table Clinics** Card Room
7:00 **Banquet** Main Dining Room
Toastmaster: R. B. Barden, D.D.S.
9:00 **Dance Honoring President Janie Brown** Community Hall

Tuesday, May 7

9:00 **Registration** Main Lobby
9:30 **Third Session Business Body** Card Room
11:00 **Fourth Session Business Body** Card Room
Adjournment



Mrs. D. Clyde Young, Jr.
President-Elect



Mrs. Grover W. Smith
Vice President



Mrs. Thomas H. Byrd, Jr.
Treasurer



Mrs. Lewis W. Lee
President

NORTH CAROLINA DENTAL AUXILIARY OFFICERS 1962-1963

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Mrs. G. Curtis Wilson
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Mrs. W. W. Rankin
Historian



Mrs. Walter S. Linville, Jr.
Corresponding Secretary

NORTH CAROLINA DENTAL AUXILIARY

THIRTEENTH ANNUAL MEETING

THE CAROLINA, PINEHURST, NORTH CAROLINA

MAY 5-7, 1963

PROGRAM

Sunday, May 5

10:30-5:00	**Registration**	Foyer
8:30	**General Session,** North Carolina Dental Society	Ballroom
	(Auxiliary members cordially invited)	

Monday, May 6

8:30	**18-Hole Golf Tournament**	Pinehurst Country Club
9:00	**9-Hole Golf Tournament**	Pinehurst Country Club
	(Golfers must be on the Tee by 9:30)	
9:00-5:00	**Registration**	Foyer
12:00	**Putting Contest for Non-Golfers**	Pinehurst Country Club
2:00	**Golfers' Luncheon**	Pinehurst Country Club
2:00	**Tennis Matches**	Pinehurst Country Club
3:30	**Executive Board Meeting**	Bridge Room
5:00	**Past Presidents' Meeting**	Small Bridge Room
5:00	**Informal Social Hour for Members and their Guests North Carolina Dental Society**	Lawn
8:00	**Bridge and Canasta**	Bridge Room

Tuesday, May 7

9:00-5:00	**Registration**	Foyer
9:30	**Breakfast**	Dining Room
	(Honoring new members, wives of senior dental students, special guests. Carolina Hotel breakfast tickets honored.)	
	Business Meeting	
	(To be admitted to breakfast or any other Auxiliary activities, members must show membership card or Auxiliary name tag.)	
11:30	**New and Old Executive Board Meeting**	TV Lounge
2:00	**Guided Tour of Homes**	Meet in Foyer
7:00	**Banquet,** North Carolina Dental Society	Dining Room
9:30	**Dance,** North Carolina Dental Society	Ballroom

NORTH CAROLINA DENTAL HYGIENISTS' ASSOCIATION

SIXTEENTH ANNUAL MEETING

MIDPINES CLUB **MAY 5-8, 1963** **SOUTHERN PINES**

Sunday, May 5

3:00 **Executive Council Meeting**.....Official Suite, Midpines Club

5:30 **Official Reception** Terrace, Midpines Club

Monday, May 6

9:00 **Registration** Pine Room, The Carolina

9:30 **Opening Session** Pine Room, The Carolina
Greetings: Wayne Martin, D.D.S., Chairman, Advisory Board of N.C.D.H.A.
"Is Your Voice Really You," Mr. Andy Williams, Southern Bell Telephone Company, Statesville
"Pet Theories in Preventing Dental Disease," S. S. Arnim, D.D.S., Houston, Texas
Business—Election of Officers

12:30 **Luncheon** Midpines Club

5:30 **Social Hour** Official Suite, Midpines Club

Tuesday, May 7

9:30 **Second Session** Pine Room, The Carolina
"Oral Cancer," Nelson D. Large, D.D.S., VA Hospital, Salisbury
Report: District VI, Trustee, ADHA
Greetings: E. D. Baker, D.D.S., President, North Carolina Dental Society

2:00 **Executive Council Meeting**.....Official Suite, Midpines Club

3:00 **Adjournment**

Wednesday, May 8

9:00 **Table Clinics**.....Ballroom, The Carolina
North Carolina Dental Society
North Carolina Dental Hygienists' Association
North Carolina Dental Assistants' Association

General News

A New Face for Chapel Hill

Plans to begin construction on the new Dental Science Research Building at the University of North Carolina next September have been announced by Dr. Riley E. Spoon, Jr., of Winston-Salem, President of the Dental Foundation of North Carolina, Incorporated. It will be located adjacent to the present School of Dentistry and it is expected to be completed some time in 1964.

Under the leadership of Dr. Spoon, a campaign for $500,000 was launched last May at the Annual Session of the North Carolina Dental Society. By the end of 1963 pledges and contributions totalled $481,945, a little less than $20,000 short of the goal. Dentists and allied groups pledged $223,445 and the Dental Foundation donated $50,000.

Initially the University administration allocated $33,500 for architects fees and plans. Because of the tremendous interest expressed by the profession in the project and the remarkable success of the campaign the University added $175,000 to its allocation for a total contribution of $208,500.

Matching Federal funds are available to make the $1 million dollar building program possible.

He stated that a search is currently underway for a research director with a D.D.S. and a Ph.D. degree, and with experience in both the clinical and basic science fields. Research under his supervision, he added, will be directed to afford the profession methods for a higher standard of service.

The new building will stand as a tribute to the dedicated men and women of the dental profession and its allied groups, Dr. Spoon said. It will be unique in that it will be the first building constructed on the U.N.C. Campus in the new architectural design approved by the administration.

To bring the $500,000 campaign to a successful conclusion, $20,000 more is needed. Dr. Spoon has urged those who have not yet made their pledges to consider the challenge seriously, and, regardless of the amount, forward them to the Dental Foundation of North Carolina, Incorporated, P. O. Drawer 750, Chapel Hill, North Carolina.

Civil War Exhibit

Dentists in the Civil War will be honored in an exhibit planned by the Library and History Committee for display at the 107th Annual Session in Pinehurst next May.

If you know the names of any Civil War dentists, the Committee would

appreciate your passing them along with dates of birth, death, and a photo if available. Old instruments and documents pertaining to dentistry of this area will also be appreciated by the Committee, according to Dr. Neal Sheffield, Chairman.

The Committee is especially interested in receiving information on Dr. James Baxter Bean of Atlanta who was the first doctor to use a vulcanite splint in maxillo-facial surgery.

Contact Dr. Neal Sheffield, 304 Dixie Building, Greensboro.

Pharmacists Plan Tour

The North Carolina Pharmacists Association will sponsor a 21-day tour of Ireland, Scotland, Norway, and Sweden July 10-August 1.

Members of the North Carolina Dental Society have been invited to join with the pharmacists on their tour of northern Europe which will include a fishing trip north of the Arctic Circle, spectacular scenery, historical places and merchandise bargains along the 10,000 mile itinerary. The tour will be made by jet plane, motorcoach, train, and fjord steamers.

For full information write W. J. Smith, Executive Secretary, North Carolina Pharmaceutical Association, P. O. Box 151, Chapel Hill, North Carolina.

New Fluoridation Book Published

A step-by-step guide on how to conduct a successful fluoridation campaign is available from the American Dental Association, according to Dr. Carl L. Sibelius, Secretary of the ADA Council on Dental Health. *How to Get the Benefits of Fluoridation for Your Community* was written by Donald R. McNeil, Ph.D.

Dr. McNeil was the author of *The Fight for Fluoridation.*

The new guide is being published and distributed by the ADA. The Council on Dental Health will provide one copy free of charge to the leader in any community drive to obtain the preventive dental health measure, Dr. Sibelius said. Additional copies at $1 each may be obtained from the ADA Order Department, 222 East Superior Street, Chicago 11, Illinois.

Hughes Appointed

Dr. John T. Hughes has been named Coordinator of Research for the state and local health departments, according to an announcement by Dr. J. W. R. Norton, State Health Director. He will serve in this newly created position in addition to his present assignment as Assistant to Dr. E. A. Pearson, Jr., Director of the Division of Oral Hygiene.

A native of Pittsboro, Dr. Hughes did his undergraduate work at Wake Forest and received his D.D.S. Degree from the Baltimore College of Surgery. He earned a Master's Degree in Public Health at the University of North Carolina.

In announcing the appointment, Dr. Norton said, "We have felt for a long time the urgent need of having a qualified person to stimulate and coordinate public health research. A considerable amount of funds are accessible, particularly

from the National Institutes of Health, for this type of work and we feel that Dr. Hughes has a special interest in this area and that we can expect from him a most worthwhile accomplishment."

Carolina Charter Tercentenary

North Carolina is observing its 300th birthday in 1963.

Three hundred years ago King Charles II of England granted the Carolina Charter to the eight Lords Proprietors, conveying to them a strip of land in America south of Virginia, and stretching from coast-to-coast. The territory included all or parts of 17 present states.

An appropriate symbol has been designed for the celebration which is symbolic of the forms of government in 1663 and 1963. Based on the original seal of the eight Lords Proprietors of Carolina, it has eight modified shields radiating from a central core. Within the star-shaped core are the significant dates, 1663-1963, and an abstraction of the new State House which was completed and initially occupied in 1963. The three peaks of the legislature building signify the element three, for three hundred years.

The symbol will be displayed extensively throughout the state as an aid to stimulating interest and participation in the celebration.

A special postage stamp commemorating the 300th anniversary of the Carolina Charter will be issued by the U. S. Post Office. It is one of only nine commemorative stamps to be issued in 1963. Appropriate ceremonies placing the stamp on sale will take place at Edenton on April 6.

The 5-cent stamp will bear a copy of the first page of the Charter in white on a red background, with "Carolina Charter, 1663 - 1963" overprinted in black and a quill pen across the right side. First day covers may be obtained from the Postmaster at Edenton.



President Kennedy has appointed a 15-member North Carolina Tercentenary Commission, headed by the Honorable Frank P. Graham, United Nations mediator. Besides prominent North Carolinians, the Commission includes members from Alabama, California, and South Carolina. The federal Commission was established by a joint resolution of Congress to facilitate inviting national and foreign dignitaries to participate in state-wide events as part of the Tercentenary celebration.

The Honorable Francis E. Winslow of Rocky Mount is chairman of the Carolina Charter Tercentenary Commission in North Carolina.

National Library Week

National Library Week will be observed April 21-27 throughout the country.

Mrs. Ethel K. Smith, Executive Director of North Carolina National Library Week has pointed out that the intellectual growth of our state is closely tied to the desire to read on the part of our citizens and to the availability of good books to meet that desire. She urges individuals and organizations to support good public and school libraries.

National Library Week is a coordinated effort on the part of many citizens to encourage the love of reading and the support of libraries throughout the nation. The year-long program culminates in April each year.

Back Issues of the JOURNAL Needed

The Central Office is endeavoring to complete its files of the JOURNAL.

If you have back issues of the publications of the Society just gathering dust in your attic or basement, the Central Office would like to have them. They will be bound and made a part of the permanent records.

Among the publications wanted are the Proceedings issues from 1875-1930 and issues of the Bulletin prior to 1942. Also, copies of the Bulletin published by the Districts prior to 1930 will be appreciated. For instance, the Third District published "The Plugger" and the Fifth District published "The Burr." The Central Office does not have any copies of these publications on file.

Members who have the above back issues and are willing to donate them, are asked to communicate with the Central Office, P. O. Box 11065, Raleigh.

Obituaries

Dr. Stuart A. Barksdale, 46, of Charlotte, a member of the Second District, died January 20, 1963.

Dr. William C. Current, 67, a Life Member of the Second District Dental Society, the North Carolina Dental Society, and the American Dental Association, died February 26, 1963.

Dr. Maurice O. Fox, 49, of Elkin, a member of the Second District, died February 21, 1963.

Dr. Charles G. Powell, 86, of Ahoskie, a Life Member of the First District Dental Society, the North Carolina Dental Society, and the American Dental Association, died January 11, 1963.

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THE Journal OF THE NORTH CAROLINA DENTAL SOCIETY

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THE JOURNAL
of
The North Carolina Dental Society

(A Constituent of the American Dental Association)

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This Issue Is Dedicated to . . .



Charles C. Poindexter, D.D.S., F.A.C.D., F.I.C.D.
Greensboro, North Carolina

Dr. Poindexter was born in Yadkin County in the town of East Bend, North Carolina. He was graduated from Atlanta-Southern Dental College in 1918 where he was a member of Xi Psi Phi and Omicron Kappa Upsilon. He has conducted a General Practice of Dentistry in Greensboro since 1920. During these many years of practice he has served dentistry and his state at many levels. He was Secretary and President of the Guilford County Dental Society. . . . President of the Third District Dental Society (1927-1928). . . . Member of the North Carolina State Board of Dental Examiners (1933-1940) and President of the Board for one term. . . . President of the North Carolina Dental Society (1941-1942) and Chairman of its Executive Committee under three administrations. . . . First Dentist appointed by the Governor to the North Carolina State Hospitals Board of Control (1945-1949). . . . Member of the Judicial Council of the American Dental Association for two terms. . . . Member of the House of Delegates of the American Dental Association continuously from 1951 through the present time. . . . President of the Dental Foundation of North Carolina, Incorporated.



The President's Page

I HAVE COME TO YOU as your Secretary-Treasurer, President-Elect, and now the high office as President. I will need cooperation from the entire membership of the North Carolina Dental Society to carry out the duties and responsibilities. I have constantly insisted that the work in the Society should be exclusively in the interest of the profession and I do promise to work for your good.

I hope all of you are reading your Journal and other material that comes to your office. Our work of itself should stimulate and lead you to produce a growth of intellect for learning through reading. In order to gain knowledge, study must be undertaken. It could thus be inferred that we all should be students in the sense that we should not only read books, but study them. It is a startling fact that many of us are not reading men, yet in our profession we must devote some time acquiring a knowledge of the sciences. There is something different in each article that we read and it is only through our reading that we find out how we can become better dentists. This is not to intimate that there are no reading dentists, far from it. There are many that are genuine students "who rise early, retire late and give much time to the advancement of dentistry."

At this early date much time and thought has been projected by many of the committees. The Industrial Commission Committee will be making a report on a revised schedule of fees very soon. It is hoped likewise that the Blue Shield-Blue Cross Advisory Committee will have an encouraging progress report. Several committees are already hard at work planning the 108th Annual Session which will be held May 10-13, 1964 in Pinehurst.

We build our profession by the bricks of habit that we pile up day by day. It seems a little thing, but before we are aware of it we have shaped the profession we are practicing. One of the heaviest loads to carry is a bundle of bad habits. The formation of right habits of going to your District, State, and National meetings is essential to your permanent practice. I hope you will join me at these meetings where selective programs have been chosen.

S. Byron Towler, D.D.S.

Editorial

ELECT OR REJECT

HAVE YOU EVER been puzzled as to what your decision should be when you are confronted with an application for membership to some organization in which you are a member? Has there ever been a doubt in your mind about an applicant and what you would say if you should decline to approve it? These questions have probably plagued most people at some time or another. To set oneself down to establish a policy on what should be done is difficult, because we always have present our prejudices, preconceived ideas, and predispositions. In addition we must deal with our humanitarian concern and our personal regard for our fellow man. With all these intangibles having their influence upon our decisions, we must, somewhere along the line, sit down and establish some tangible logic that will help us reach a conclusion that will successfully stand the stress of time.

Now, how should we go about establishing logic in such an orderly manner that we are fair both to the applicant and to the organization to which he is applying? First of all, know the individual who is submitting the application. A certain school, family, profession, background, race, color or creed is not enough. It would be interesting to know how many people never go any further than this when considering an application.

Much more must be known about the applicant. What about his personality and his disposition? Before honest evaluation can be made on any application you should know: (1) Is he congenial? (2) What about his ethics — business, professional and moral? (3) Is he compatible with most people who know him? (4) How is his over-all deportment? (5) Is he worthy and well qualified? This question should be pondered seriously. (6) Last, and probably most important, will the applicant promote the peace and progress of the organization to which he is applying?

Up to this point we have been discussing the effect of the individual upon the organization. Although this is an important consideration, we must also consider any effect the organization might have upon the applicant. No applicant should be considered if there is a good possibility that he may be injured by some word, act, or deed. It would probably be impossible for any one organization to be suitable to every person in this world.

We are now ready to begin consideration of an applicant to any organization. All assets and liabilities have been weighed. The individual and his relationship to the organization to which he is applying have been carefully considered. Perhaps at this point you find out that you really don't know the applicant well enough to render an equitable decision. It is better to hand the application back to the applicant with the explanation that you do not know him well enough to be fair to either him or the organization to which he is applying, rather than approve the application and possibly harm the applicant. Suppose at this point you cannot see fit to approve his application. It is again your obligation to deny approval. What should you say at a time like this? There is no standard procedure but, above all, don't give reasons. Your individual decision does not need defending. Reasons lead to arguments, and arguments many times draw you out to say something you should not have said.

It might be well for us to re-evaluate our attitudes toward all future applicants when ours is the power to elect or reject.

C. C. D.



DR. ARNIM



DR. DAVIS



DR. KELLEY



DR. WATSON

IN THIS ISSUE



DR. AUSTIN

SUMTER S. ARNIM, D.D.S. ("What You Need to Know and Do to Prevent Dental Caries and Periodontal Disease") is Professor of Pathology and Director, Postgraduate, The University of Texas Dental Branch. Dr. C. C. Diercks and Dr. E. A. Pearson, Jr., assisted in summarizing the material Dr. Arnim presented at the 107th Annual Session last May. It is an excellent piece of material for patient education. Reprints will be made available for use in the office.

ARTHUR E. DAVIS, JR., M.D. ("Early Detection of Carcinoma of the Mouth"), a native of Minnesota, Pathologist at Rex Hospital in Raleigh, describes oral Pap smears for cancer detection.

WESLEY E. KELLEY, D.D.S. ("Patient Education") outlines a dental education program for patients. He is in general practice in Raleigh.

ROBERT H. WATSON, D.D.S. ("Bleaching Non-Vital Teeth"), is in general practice in Charlotte. He presents a proven, simple technique for rendering a valuable service to patients.

EDWARD U. AUSTIN, D.D.S. teams with DR. WARNICH JENSEN ("Eosinophilic Granuloma of Mandible"), to report a case of a seven-year-old girl affected with this uncommon disease. Dr. Austin is Chief, Oral Surgery, Charlotte Memorial Hospital. Dr. Jensen is from Denmark and is interning at the same hospital.

Education isn't the three R's, or homework, or unlimited facts, or a Phi Beta Kappa key, or a high school diploma, or graduate degrees from one or more dental schools. Education is a state of mind; perhaps a sense of responsibility; maybe a commitment; but definitely a never-ending progression toward the realization of dreams. Life may not be simply something which is capable of being enjoyed, but something capable of being improved and the greatest of pleasures is to work for its continued daily improvement.

Study Club Activities in North Carolina

Barry G. Miller, D.D.S.

The projected clinics at the 107th Annual Session of the North Carolina Dental Society on Sunday, May 5, were again a significant and outstanding part of this annual meeting. Those who did not have the opportunity to share in these projected clinics, certainly missed a stimulating experience.

Loblolly Dental Study Club. Henry Aldridge made a very excellent presentation, utilizing clinical cases. He is certainly to be congratulated for the excellent photography he was able to accomplish in these selected cases which so vividly pointed out the clinical pathological entities pre-op and the splendid results obtained post-operatively. The members of the Loblolly Dental Study Club certainly are to be congratulated for this presentation. One would be sure that, as a group, there would be much stimulation among the members as was evidenced by this presentation.

Charlotte Dental Study Club. Horace Reeves gave a very excellent presentation for the Charlotte Dental Study Club. His paper, "Trifles in Helping With Office Efficiency," pointed out significantly that little things can become big when they capture the patient's interest and are provided for the benefit of the patient. Horace gave a series of projections of offices in which minor changes have been accomplished that will act as a means of subliminal communication to the patients' interest and comfort in terms of saving time, efficiency, and of offering to make the visit to the dental office more adventuresome. Borrowing from Shakespeare, "trifles make for perfection," Horace certainly well

represented the members of the Charlotte Dental Study Club.

Demeritt Dental Study Club. Don Bland utilized highly imaginative diagrammatic preparation for the projection of pulp therapy of the deciduous teeth. This presentation considered the differential diagnosis, the case selection, and the mode of therapy for the pulpally involved deciduous tooth for its conservation by the pulpotomy technique. The illustrative material was provocative, well-outlined, and certainly Don's concluding challenge to the practitioners of dentistry to utilize this avenue as a source of conservation of the deciduous dentition was something that should warrant the attention of each. Don well represented his group.

P.B.P. Dental Study Club. Richard M. Fields hit upon one of the most significant areas of dentistry in his projected clinic, "Aids to the General Practitioner." In this day when there is a continuing utilization of nursing home facilities for geriatric patients, and in situations where there are great needs for dental services for geriatric patients outside of family circles, Richard challenged dentistry to accept its responsibility in this area of health. He suggested methods that he had utilized in surveying dental conditions of the patients in the nursing home, illustrating some of the conditions that he had found, and means of treating some of these conditions, in the bed-ridden and ambulatory situation for these patients. Certainly, as our population group in the harvest years continues to increase in number, this was a most timely presentation of the area of dentistry in which we must join hands with our colleagues in medicine and rightfully accept our responsibility. Perhaps it would be desirable for us to do this before the arm of the government reaches out to point the way that such care will be managed. If there is a caution flag on the horizon in the area of socialization of services, the geriatric patient is one group that has such ensign waving above their heads. Gentlemen, a real challenge to each of us!

Southeastern Dental Study Club. Britt Beasley presented a unique technique for "Full-mouth Rehabilitation" showing before and after projections of cases that he had treated himself. He is to be congratulated on his photography, his selection of cases, and the service he has rendered. Certainly the members of the Southeastern Dental Study Club are being challenged by their member who has offered increasingly of himself to his patients that they may enjoy the benefits of their natural dentition in a manner that would otherwise not be possible. Britt, we are extremely complimented to have yours among our projections, and certainly we know that the members of the Southeastern Dental Study Club were proud of the presentation that you made.

Piedmont Dental Study Club. Along in the middle of the afternoon on this Sunday at Pinehurst, we needed perhaps a little enthusiasm—a little youth (not that there was not high interest in all of the presentations) but, at this particular time of the day, I am sure we needed the presentation that was given so enthusiastically, so vigorously, by Dr. Roger Sturdevant on "Conservative Endodontics." Dr. Sturdevant gave a comprehensive presentation on the points of differential diagnosis, case selection, the pathosis

in the periapical lesions as evidenced by the roentgenogram, the methods of instrumentation and condensation and occlusion of the canal, and projections of post-operative experiences of patients following conservative endodontic therapy. It would seem highly evident that the youthful enthusiasm of Dr. Luther Butler influences the members of the Piedmont Dental Study Club and certainly there was no better evidence of this than this youthful, vigorous, stimulating, challenging presentation by Dr. Roger Sturdevant on this Sunday afternoon! You Piedmont boys are to be congratulated and certainly are to be commended for the continued programming that you offer to yourselves and the benefit that is cumulative to your patients as a result of these untiring and continuing efforts.

Western North Carolina Dental Study Club. Fred Ogden made a superior presentation utilizing "Copper Bands Tray Impression Technique for Fixed Bridgework." Fred utilized excellent photography following step-by-step the procedures from the initiation of selection of case to preparation, the impression, mounting of the case, preparation of the case for casting and the final articulation and finish of the casting prior to its preparation for insertion. Certainly for the dentist who wishes to offer a little more to his patient in terms of benefit and assurance of quality service, Fred had a lot to offer in improving the technique for fabrication of the fixed bridge. The technique he demonstrated would evidently void some of the possible errors that less considered techniques employed might incur. The influence of the Western North Carolina Dental Study Club in our state is significant and the members can particularly be proud of the representative that they had at the projected clinics at Pinehurst this year.

Periodontic Dental Study Club. Charles Barker presented a "Double Impression Technique for Full Dentures Using Alginate Impression Material." This technique for the construction and fabrication of full dentures for the patient brought about rather generous comment by its uniqueness. Charlie used a snap impressioned alginate applied to the surface of the alginate materials which accomplished an adhesive property and a second especially prepared mixture of alginate for the final impression. Charlie made very excellent projections of the before and after casts, utilizing the double impression technique, and carried his cases through to insertions and adjustment of occlusion utilizing this technique. Face bow transfer was accomplished in the mounting, utilizing the rather conventional methods for articulation, adaptation, and construction of the denture.

Ernest Branch Dental Study Club. Frank Daniel considered with us in his usual eloquent manner, the management of "Fractured Anteriors," projecting clinical cases in diagnostic considerations, mode of immediate therapy and semi-permanent restorations. Dr. Daniel gave significance to two specific considerations: (1) that in the management of fractured anteriors, the semi-permanent restoration need not be delayed beyond a period of a few months following the traumatic experience; (2) that the profession should consider utilization of a porcelain material with veneer as the restoration of choice for benefit in terms of (a) function and (b) esthetics. Frank, in an excellent

manner, represented the Ernest Branch Dental Study Club and offers to direct our energies and interest to an area of dentistry that might sometimes not be given its full consideration.

Matt Wood from the School of Dentistry, complemented our program of projected clinics with a very comprehensive projection of considerations of the cleft palate patient. Matt considered the problems of the cleft palate patient, the diagnostic, and the various facets of the findings of clinical, diagnostic casts and roentgenographic findings for the planning of treatment and presentation of the case. Matt selected a case which pointed up considerations in the examination, pre-clinical evaluation, diagnosis, plan of treatment, and the therapy involved in the desired result for the cleft palate patient. His closing projections were for the accomplished treatment of a selected cleft palate patient, showing a very dramatic experience clinically for the patient and an obvious dramatic psychological experience for the individual receiving the treatment. We are appreciative for this interest of the University of North Carolina in the projected clinics and certainly they can be proud of their presentation that was made by Matt Wood.

It is hoped that these projected clinics will continue to be of interest to the officers and committees of the Dental Society and that the study club memberships throughout the state will sustain their interest in this unique programming. Certainly the benefactor of this mutual effort is first and foremost the public, because as we, individually, challenge ourselves as members of study clubs, and as we are motivated by groups in our various communities throughout the state, we continue to evaluate the image of dentistry, the attractiveness of our service, and the desire for the patient to enjoy the benefits that are accrued through this self-study and continued education program that study clubs so generously bring to us.

Great men have but a few hours to be great. Like the rest of us, they must dress, bathe, and eat. And, being human, they must visit the dentist, the physician, the barber, and have conferences with their wives about domestic considerations. What makes men great may be their ability to decide what is important and then focus their attention on that. Is this not what might make a profession great? Is this not where the study clubs challenge those of us who are members of these groups? We are directed to focus our attention on those things that are important and to decide, in groups, what is important and to channel our interests, energies, enthusiasms, desires, and our motivations in these areas. In finality, perhaps one could say that study club membership helps us attack that least prolific of all microbes, the germ of thought!

To your new Statewide Study Club Activities Chairman, Jim Lee, good wishes for the coming year and to each of you a thanks for the experience that has been given.

Early Detection of Carcinoma of the Mouth

Arthur E. Davis, Jr., M.D.*

Carcinoma of the mouth is a serious problem in the United States. Approximately 5,000 deaths yearly in the United States are caused by cancer of the mouth. It has been estimated that as high as 80 per cent of deaths caused by cancer of the mouth could be prevented by early recognition and treatment. These lesions, most probably, all pass through a curable stage. Early epithelial growths of the mouth pass through the following stages:

1. Hyperplasia.
2. Dysplasia.
3. Carcinoma in situ.
4. Early invasive carcinoma.
5. Carcinoma.

The duration of each stage may be influenced by many factors, such as oral hygiene, intercurrent infections, improperly fitting dentures, diet, excessive use of tobacco and alcohol, and concurrent systemic disease. The overall cure rate for carcinoma of the mouth is approximately 34 per cent. This indicates that the lesions are being diagnosed when they have already reached the invasive stage.

There are three reasons why carcinoma of the mouth is diagnosed usually only in the advanced stages. First, this malignant process is usually asymptomatic. There is rarely bleeding, and pain is absent even in the most advanced cases. Second, even if symptoms are present the patient will usually procrastinate and will not see his physician or dentist until all the home remedies have been exhausted. Third, when the patient finally does arrive at his doctor's office the lesion is usually treated with antibiotic troches, gargles, or topical application of silver nitrate. This only results in further delay. There is probably no other area in the body of comparable volume or

* Pathologist, Rex Hospital, Raleigh, North Carolina

easy accessibility that is so neglected as the oral cavity. Many different specialties are involved with this area, but because of the complexity and the conflicting interest of these specialties, serious disease is sometimes not diagnosed. The individual specialist tends only to examine the area involved with his specific interest. Thus, the family physician looks at the tonsils, the dentist looks at the teeth, the otologist peeks in the ear, the internist looks at the tongue, and the general surgeon palpates at the thyroid gland. Almost no one biopsies lesions of the oral cavity.

Until recently there has been a paucity of literature dealing with oral cancer. Early studies by cytologic examination of the oral cavity were rather disappointing. Recent extensive work by two dentists has yielded extremely valuable information. Dr. Henry C. Sandler of the Brooklyn Veterans' Hospital recently published the results of complete mouth examinations of 58,497 veterans. These studies disclosed 1,621 patients with one or more lesions of the oral mucosa. Scrapings from the lesions were obtained and cytologic examinations were done. Two hundred and eight of these lesions were found to be malignant. Most interesting, however, is the fact that 51 lesions, or 24.5 per cent, were clinically unsuspected.

He emphasized that the clinical appearance per se proved to be an unreliable basis for the diagnosis of early carcinoma of the mouth.

This study also proved that cytological and histological methods were equally reliable, closely correlated, and often complementary. Cytologic screening of asymptomatic and innocuous-appearing lesions of the mouth is a simple and reliable diagnostic tool that can detect early cancer at a time when the prognosis is best.

Dr. Sol Silverman of the University of California Dental School has written many articles dealing with the cytologic examination of oral lesions. His findings closely parallel Dr. Sandler's work and indicate the reliability and usefulness of this technique.

There are many problems associated with surgical biopsies of oral lesions. The process is time consuming, somewhat expensive, a discomfort to the patient, and often technically difficult to do for the dentist caring for the patient. Also multiple biopsies are frequently necessary. Consequently the lesions of the oral cavity are not biopsied. The lesion is often treated with silver nitrate and with fervent hope that it will disappear. Consequently the doctor gambles statistically with watchful waiting and if the lesion disappears this usually rules out carcinoma. However, about one out of every forty of these lesions are malignancies and the utilization of this approach allows a treatable lesion to advance to a point where it can only be cared for by palliation. Any lesion that appears different from the surrounding mucosa should be smeared. Any suspicious smear is followed by biopsy. The smear alone cannot be used as a basis for definite therapy.

During the past three years I have participated in a research program to ascertain if material submitted by the private dentists and evaluated by a private pathologist would be reliable in the early detection of cancer of the oral cavity. Previous work had been performed only in large institutions. The results of this study are not complete, but the study, so

far, parallels the work of Doctors Sandler and Silverman. Although the series was small, six cases of carcinoma of the mouth were picked up that otherwise would have been missed.

It has already been proven that the oral Pap smear is a completely reliable method for detecting early carcinoma of the mouth. This project in Wake County has only two purposes:

1. Education of the public for yearly visits to their family dentist for soft tissue examination.

2. Establishing the oral Pap smear as a routine procedure in the private office of the dentist.

Technique

The oral smears are best performed by using a cement spatula or tongue blade. Pre-smear mouth prophylaxis is not necessary. The lesion is firmly scraped and the material is smeared on a properly labelled glass slide. Six drops of fixative are immediately dropped on slide and allowed to dry. The slide is then placed in a cardboard mailing container and together with the information sheet is mailed in.

Summary

The high mortality rate for carcinoma of the mouth can be markedly reduced by early diagnosis. The oral cytology smear used as a screening procedure will accomplish this. These smears should be sent to the local pathologist for evaluation. It is only by sending these smears to the local pathologist, can adequate follow-up and control be expected. A negative smear does not rule-out carcinoma of the mouth. *A suspicious smear must be followed by a biopsy*. The clinical appearance, the history, the age of the patient and various other factors must be correlated. This can only be accomplished by the individual attention and the co-operation of the pathologist and the dentist.

What You Need to Know and Do to Prevent Dental Caries and Periodontal Disease

Sumter S. Arnim, B.A., D.D.S., Ph.D.*
Clinton C. Diercks, D.D.S.**
E. A. Pearson, Jr., D.D.S.†

This article tells you about those dental diseases, dental caries and periodontal disease, that cause so many people so much pain and trouble. It also explains how you, with the help of your dentist, can prevent and control these maladies. Periodontal disease, often called pyorrhea, and dental caries or tooth decay are both real diseases. They make people seriously sick, mentally and physically, when nothing is done to check their progress. Look at the picture of the little four year old boy in Fig. I-A. He has good reason to look so sad. When he was asked to smile, the best he could do is shown in Fig. I-B. The reason he doesn't smile is because his teeth have decayed down to his gums as you can see in Fig. I-C. This boy's mother did not know that peanut butter and jelly sandwiches, used instead of fresh milk for weaning her baby, would cause his teeth to decay. She gave him a sandwich each night at bedtime and he sucked on it all night long. She noticed some of the sandwich sticking in the roof of his mouth when he would wake in the mornings.

Fortunately, you can prevent gum and tooth troubles when you understand their cause and the manner in which they destroy your teeth. Successful prevention depends upon your use of the latest knowledge concerning the nature of dental disease.

This article has been prepared from material presented at the 107th Annual Session of The North Carolina Dental Society in Pinehurst, North Carolina, May 5-8, 1963.
The research upon which this article is based was conducted in the Department of Pathology at The University of Texas Dental Branch. The studies were supported in part by the Procter & Gamble Company Research Grant.

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** Editor-Publisher, *The Journal of the North Carolina Dental Society.*
† Director, Division of Oral Hygiene, North Carolina State Board of Health.

With your dentist's help and guidance you can use this scientific knowledge to learn effective personal oral hygiene habits and healthful nutritional practices. This article will help you learn why you should keep your teeth thoroughly clean and how to do this effectively. Then you can ask your dentist for help with those things you do not understand.

What Causes Tooth Decay?

Dental caries (tooth decay) became a truly serious disease relatively lately. It has grown so common during the past two hundred years that it attacks the teeth of almost every person living in the highly mechanized, affluent communities of our modern civilizations. The disease occurs most frequently in people that eat well and often of those refined, processed foods which help cause the condition. The remarkable technical progress made in the food processing industries has resulted in packaged foodstuffs which keep better, taste better, handle easier and sell at lower prices than ever before. The end result is that a laborer can and does enjoy today many delicacies that the richest person could not buy two hundred years ago. Two foodstuffs are largely responsible for the general acceptance and use of these highly refined dainties. They are sugar and flour. These foods have been known for many years to aid in the destruction of teeth by dental caries.

Perhaps the most important factor in modern life as it relates to dental caries is that children have ready and almost constant access to the decay producing foods in home iceboxes, pantries and vending machines which are now found in every nook and

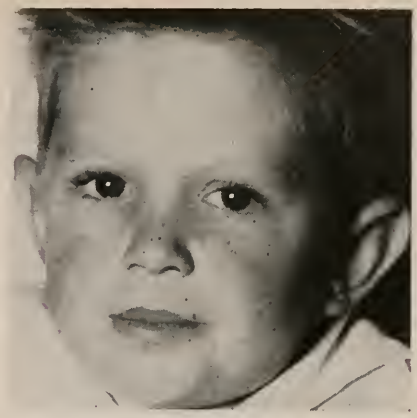


Fig. 1-A. Four-year-old child with rampant caries. He has good reason to look sick.



Fig. 1-B. Children with rampant caries seldom smile. This is one of his best.



Fig. 1-C. This photo shows why this child does not smile. His teeth are decayed down to his gums.

cranny. The presence of the vending machines is directly related to the fact that countless numbers of the children have dimes and quarters (it used to be pennies and nickels) with which to buy the sweetened snacks whenever they take the notion. Obviously this situation is bad for the teeth and the general health of our children. Furthermore it is worsened by the universal habit of giving candy or cookies as gifts or tokens of approval on almost any trivial occasion. The pediatrician's present of an all-day "sucker" to the well behaved child is a good example of this unhealthy custom.

Parents and children are fortunate in the fact that it takes more than present day delicious titbits, eaten frequently, to cause tooth decay. It is not until these foods go into solution in mouth fluids and penetrate into the clumps of invisible germs sticking to the tooth surfaces that waste products are formed which soften the teeth and cause cavities. Each and every time candies, mints, cookies, cakes, breads, crackers, breakfast foods, snacks, sweet drinks, chewing gums and other "goodies" (we should call them dental "baddies") are put into the mouth, the decay process is started. The foods dissolve, flow into the clumps of germs where they are used by the bacteria for nourishment and the waste products are then formed that cause tooth decay.

Dental caries does not occur in that part of the tooth where there is no clump of germs. Once started, it can be stopped if the germs are removed thoroughly each day. That is why the saying, "a clean tooth does not decay" came into being. The microbial matter that sticks to the tooth surface is semi-transparent and resembles the tooth in color. It is hard to see. The cavities that come in your teeth are found underneath these invisible sticky microbial films that are missed by the toothbrush. We tend to "overbrush" and "underclean." It usually takes several days for a thick clump of the germs to grow and adhere tenaciously to a tooth surface. They grow best in the sheltered areas between the teeth, near the gum line and in the pits and fissures.

You can see the hidden masses best when they are stained with dyes used to stain bacteria. One of these is the same as the dye which is used to color food and lipstick red. This dye will mark the clumps red where the bacteria are hidden on the tooth surface. The photos in Fig. II were made so that you can plainly see what the germs look like without, Fig. II-A, and with, Fig. II-B, the stain. After the bacterial masses were marked with the dye they were cleaned from the tooth surface, Fig. II-C, with a brush, and the damage they have done is revealed. The picture shows that decay starts beneath the thick community of microbial matter and penetrates into the tooth, Fig. II-D.

The worst cases of rampant dental caries are found in children who fail to clean all surfaces of their teeth thoroughly and who eat constantly or frequently day and night. This allows food to stay in their mouths most of the time. As it steadily dissolves and penetrates the clumps of germs, the decay process is kept going night and day. The little boy shown in Fig. I was a victim of his mother's ignorance of the cause and mechanism of tooth decay. If she

had known what you have just read, he would have been spared much pain and misery. Grownups get bad decay too when they suck candies, mints or nibble snacks between meals. They may also develop the habit of eating while watching television or before going to bed at night.

Now that you know dental caries is caused by clumps of invisible bacteria which grow on and adhere to tooth surfaces in sheltered areas when these microbes are fed often with modern-day foods, you can prevent the disease. Thorough cleansing of each tooth surface at least once a day is your simplest and easiest preventive measure. Also you can develop wise and healthful food habits which stress nutritious foods at mealtimes and eliminate the dental "baddies" in-between. When you do these simple things regularly, conscientiously and thoroughly, you will discover for yourself that dental caries can be prevented.

What Causes Periodontal Disease (Gum Troubles, Pyorrhea)?

Many of the clumps of germs build their homes on the tooth surfaces near the edge of the gum. They live and grow on the moist and slippery secretions that coat the inside of our mouths and cover our teeth. The waste products of these masses of microbes soak into the edge of the gums and irritate the tissues, causing them to become red, tender and inflamed. When the gums are affected in this way they are sick and the term "periodontal disease" is used to designate this condition. Other names are used too, such as "Trench mouth," "Vincent's," "gingivitis," as well as the common term "pyorrhea." Almost everyone has some gum



Fig. 11-A. Tooth with no stain. Germ clumps are hard to see.

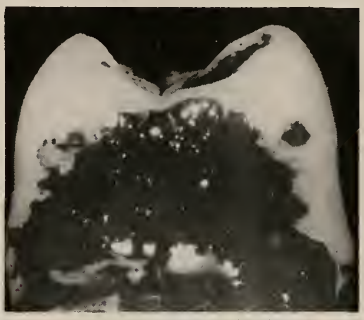


Fig. 11-B. The stain shows the hidden germs.

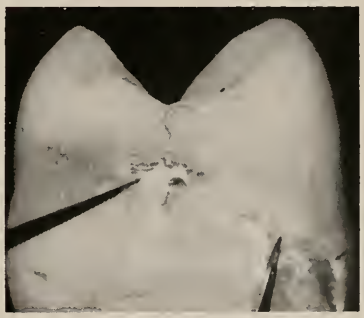


Fig. 11-C. Tooth cleaned. Arrows point to cavities.

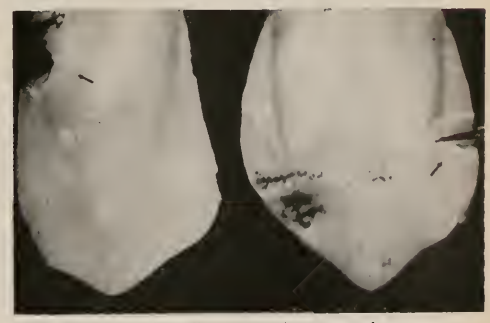


Fig. 11-D. Tooth split open. Arrows point to cavities.

trouble, but periodontal disease begins with such tiny changes that many years may pass before it is noticed by you or your dentist. This is one of the chief reasons why you should visit your dentist regularly and have X-rays made periodically. As the disease becomes well established the gums may bleed and the mouth gives off a bad smell. Children have periodontal disease too. Pictures of a 13 year old girl with a serious case are shown in Fig. III. Her teeth were quite clean as the stain shows in pictures made in October, 1959, Fig. III-B. The important thing to see in these photos is that the clumps of stained microbes are near the gum line and in between the teeth. They mark the places where the greatest damage has been done by the disease. This girl knew something was wrong because her teeth were loose, her gums were sore, flabby and bled easily, and pockets filled with pus formed between the roots and gums in some places in her mouth. X-rays were made in order to study the condition of the bone which supports the teeth. Loss of bony support is indicated by the changes shown in Fig. III-C. This young lady learned, with the help of her dentist, to clean her teeth thoroughly. In addition, she was given a series of periodontal treatments. The photos shown in Fig. III-D were made in May, 1962, and reveal the effect of her home care and dental treatment during the three year interval. Almost all of the clumps of germs are gone as the bacterial stain reveals. There are still some, marked with arrows, which tell the need for her dentist's continuing help as they call attention to those areas she is unable to care for satisfactorily at home. The photos, Fig. III-D, and X-rays made at this time, Fig. III-E, indicate improvement in the soft tissues and supporting bone during the three year interval. Her gums no longer bleed, the teeth are firm in their sockets and she feels much better. This case is typical of many that show what can be done to control serious periodontal disease when patient and dentist work together effectively as partners in the battle for mouth health. When teeth are cleaned thoroughly the germs that live next to the gums and in the periodontal pockets are removed too. This helps to prevent periodontal disease before it gets started and to control it once it is well underway.

How Can You Prevent Dental Caries and Periodontal Disease?

The first step in prevention is to enlist your dentist as your partner and guide. He will teach you how to mark those spots where disease be-



Fig. III-A. Thirteen-year-old girl with serious periodontal disease.

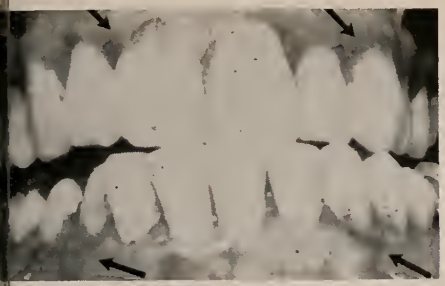


Fig. III-B. Clumps of microbes near gum line and between teeth show plainly when stained. Arrows point to the germs.

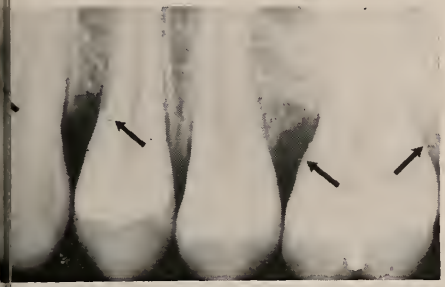


Fig. III-C. X-rays made in 1959 reveal bone changes not visible by mouth examination. Arrows point to the changes.

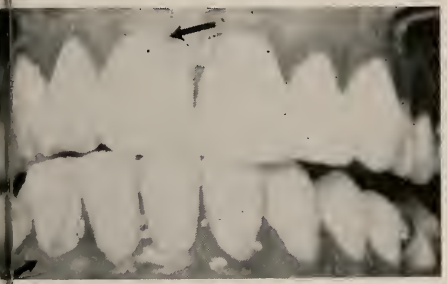


Fig. III-D. Teeth after 3 years with periodontal treatment. Arrows point to stained bacterial clumps patient is unable to remove without dentist's help.



Fig. III-E. X-rays after 3 years home care and dental treatment. Arrows mark improvement.

gins in your own mouth with the disclosing dye that is shown in Fig. II-B. The dye will stain the invisible clumps of germs sticking to your teeth that cause you trouble. You will be able to see them plainly in a mirror. For your convenience the harmless food color dye F.D.C. Red No. 3 has been put in a candy-like wafer* that may be chewed and swallowed. This prevents spilling and keeps the stain in the mouth where it belongs. As the disclosing wafer is chewed it is swished around the mouth and teeth for about a minute. The dye dissolves in the mouth fluids and colors the clumps of bacteria red. The red clumps of bacteria sticking to the teeth are easy to see when you look at them with a mirror. Now that you can see them and know exactly where they are it is easy to clean them off thoroughly with a soft bristle toothbrush. The soft bristles are preferable for most patients because the germs near the gums must be removed too.

Hard bristles may scratch when you try to dig the clumps of bacteria off the tooth surfaces right next to the edge of the gums. It is a good idea to clean first with brush and water only. This allows you to see exactly what you are doing and you can swallow the water and dye instead of spitting and spattering it around the bathroom. When the teeth look clean on those surfaces you can reach with the toothbrush bristles, remember to clean in between. The sides of the teeth that are next to one another are called approximal surfaces and they usually touch each other in an area called the contact zone. These surfaces and

* "X-pose®" disclosing wafer, D. Brownlee & Co., P. O. Box 1016, Bellaire 101, Texas.

the interdental spaces may be cleaned with dental floss. It is passed gently between the teeth and underneath the edge of the gum. Then it is held tightly against the approximal surface and is pulled over the surface toward the chewing edge of the tooth. Each approximal surface is cleansed in this manner. The use of dental floss and toothbrush should never be painful or cause bleeding unless there is something wrong with your method or your teeth. If you have pain or bleeding, see your dentist right away!

Toothpaste helps to clean and polish teeth. Many are said to contain agents that tend to inhibit tooth decay and some are claimed to be helpful in the prevention of periodontal disease. The claims for therapeutic properties of dentifrices have been grossly exaggerated from time to time but on the whole there has been a gradual improvement to the product and in the advertising. Research regarding dentifrices has grown tremendously in recent years.

As dental science learned that people who drank water containing fluorides had less tooth decay than those whose water contained no fluorine, attempts were made to use this knowledge to benefit everyone. Dental scientists with the public health services developed safe methods for adding fluorides to community and home water supplies. Your local dental society members work constantly to bring these and other benefits to you and your community. It is now well established that fluorides added to drinking water in the correct amounts inhibit dental caries in entire communities where this public health measure for prevention is practiced. Topical solutions and pastes have been developed which the dentist can apply directly to the teeth.[15] In addition, much research has been done in the laboratory and in dental clinics on the effect of these new topical compounds and toothpastes as decay preventives. Results obtained from the laboratory and clinical studies have led the Council on Dental Therapeutics of the American Dental Association to recognize one toothpaste* as an effective aid in the prevention of tooth decay.

After finishing cleaning with brush, floss and toothpaste, the mouth should be rinsed vigorously to remove remaining clumps of bacteria or food. An irrigating spray† is very helpful for this purpose. It assists you to rinse effectively between the teeth and between the gums and teeth with a stimulating spray of warm water. You can see remaining clumps of bacteria or food particles as they are dislodged from the mouth and washed into the bathroom basin. The irrigating spray helps to clean under bridges, braces and in periodontal pockets where brush and floss will not go. When the mouth is cleaned thoroughly you will find the whole procedure refreshing and you will enjoy cleaning your teeth regularly. Thorough, effective personal oral hygiene practices are pleasantly habit forming.

The red dye in the disclosing wafer colors the epithelial covering on the tongue and lips because it is the

* Council on Dental Therapeutics' statement: "Crest has been shown to be an effective anti-caries dentifrice that can be of significant value when used in a conscientiously applied program of oral hygiene and regular professional care."

† Dentospray—Texell Products, 3 Asbury Place, Houston 7, Texas.

same kind of dye as that used in lipstick. It is easy to remove from the lips with a wet rag or gauze, but it tends to stay on the tongue, fading gradually over night. This is good because it reminds us to clean the tongue thoroughly also. Many millions of bacteria grow in the tiny cracks on the tongue. Some of these may cause halitosis (bad breath). When the tongue is brushed or rubbed with cloth, the germs are scraped off and much of the red color goes with them. The remainder has usually dissolved in mouth fluids by the next day. There is no need to spot the bathroom with the food color as it may be swallowed without harm. Should it spill it is easily removed with soap, brush and water, alcohol or "Chlorox." It does not stain porcelain, teeth, fillings or any other non-porous substance.

You learn to clean your teeth thoroughly and effectively by using the disclosing wafer each night before and after cleaning. When the second wafer shows that your teeth are really clean, you are ready to have your dentist help you find the places you cannot find alone. He will show you how to reach the areas that you have missed at home. After you learn to do a thorough job the wafer may be used about once a month as a positive check on the continued effectiveness of your methods.

It is especially important to visit your dentist regularly so that he can help you locate the danger zones where dental caries and periodontal disease begin. The first signs of dental disease are so slight that the dentist needs to check carefully to find them. X-rays made at periodic intervals are one of the best safeguards for your dental health. Almost everyone needs periodontal treatments from time to time in order to keep the gums and supporting bone healthy. The photos shown in Fig. IV tell the story of a boy named Perry who came to see his dentist in 1949 because he had rampant dental caries. His case illustrates the benefits obtained when one learns to visit his dentist regularly and to practice personal oral hygiene thoroughly.



Fig. IV-A. Perry, age 8, has rampant dental caries.



Fig. IV-B. Arrows mark cavities in Perry's X-rays, 1949.

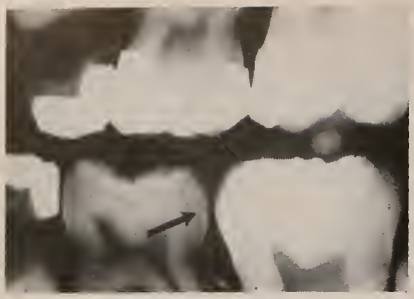


Fig. IV-C. Perry's X-rays, 1951, note small cavities and fillings.



Fig. IV-D. Perry, 13 years later, note smile.



Fig. IV-E. Teeth with stain, note few microbes.

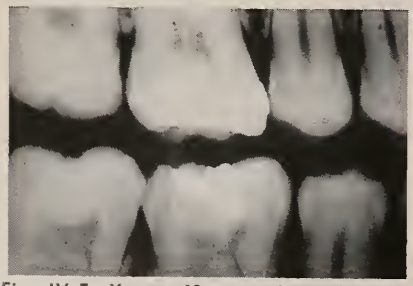


Fig. IV-F. X-rays 13 years later. No new cavities.

The first photo, Fig. IV-A, is a copy of a newspaper picture made when Perry won the city freckle championship at age 8 and was given a dog as the prize. Notice that the smile on his face is weak and limited. His molar teeth were badly decayed as the X-rays in Fig. IV-B show. Cavities, which formed in the molars before Perry learned to prevent decay, were filled by his dentist. Progress of the smaller cavities, which were not treated immediately, is shown in the X-rays, Fig. IV-C, made two years later. Perry learned in the meantime to clean his teeth thoroughly and to eat wisely as his primary (baby teeth) were shed. As the years went by he had no more cavities. The picture in Fig. IV-D shows Perry thirteen years later, 1962, after he graduated from college. Look at his smile now! When these teeth are photographed with disclosing stain, Fig. IV-E, few clumps of germs were found. X-rays made at this time, Fig. IV-F, and at regular intervals throughout the thirteen year period reveal no evidence of new decay. Perry controlled rampant caries in his mouth with thorough cleaning, wise food habits and regular visits to his good partner, the dentist.

If you will follow Perry's example you can safeguard your dental health too, for many years to come. His system is simple. First, let your dentist help you learn thorough, effective, personal oral hygiene methods and wise food habits. Second, after you learn how to clean and eat correctly, form the pleasant habit of doing these things daily. Third, visit your dentist regularly for check-up examination with X-rays, caries preventive treatment and advice, as well as periodontal treatment and restorations

when necessary. Prevention of dental disease is possible, you can do it with the help of your good partner, the dentist.

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Bleaching Non-Vital Teeth

Robert H. Watson, D.D.S.

The intention of this paper is to describe a simple technique for the restoration of the color and translucency of discolored, non-vital teeth. This procedure, with some adaptations, has been described in literature many times over a period of at least 25 years. Dentists have added to and taken from the basic technique to satisfy their own purposes, but the simplicity and usefulness of the original procedure remains unchanged. The importance and utility of this service is unquestioned, and any practitioner has very little to do in preparation to render this valuable service to his patients.

The Problem

It would be good, indeed, if the need for this service did not exist; but until we have solved all the problems arising within the dental pulp, we should expect the service to be necessary.

Unfortunately, all discolored teeth cannot be bleached successfully. There are systemic disorders which lead to physiologic or pathologic discoloration, and they cannot be dealt with in the technique described here. The causes of discoloration with which we are concerned are: (1) decomposition of the dental pulp; (2) filling materials; (3) medicaments; (4) debris; (5) bacteria.

Discoloration arising from the dental pulp tissues may result from trauma, necrosis, or excessive hemorrhage. Obviously, the problem may arise before or after extirpation of the pulp tissue, and it is logical that some of the discoloration cannot be prevented. It also follows that the discoloration may not become obvious for months following the actual pulp involvement.

For the most part, the discoloration resulting from dental tissue lies within the dentin and the hemorrhagic diffusion into the dentinal tubules gives the most cause for concern. The discoloration may vary from a pale red, when injury causes rupture of blood vessels, to a grayish-black when there is deep seated penetration of the tubules and breakdown of hemoglobin. The deeper the penetration into the dentinal tubules, the more difficult bleaching becomes.

Discoloration may result from filling materials and medicaments, and it seems that prevention is the key word here. With the expansive array of dental materials available today, proper selection and judicious use of these materials should eliminate some of the problems. Of the filling materials which can lead to discoloration, amalgam and copper cements have the most potential. Medicaments to be used with great care are the iodides, metaphen, merthiolate, silver nitrate, and es-

sential oils. Root canal filling material, cements and points, should be removed from the pulp chamber and canal to a point adjacent to the cervical line.

When contamination of the intercoronal area by bacteria and debris leads to discoloration, the importance of prevention again becomes obvious. Except in rare cases, these materials gain access to the pulp chamber and dentin via the coronal portion of the tooth. Exposure of the pulp chamber during and following extirpation allows the best opportunity for contamination by agents which may discolor. Proper techniques prevent unnecessary exposure of the dentin.

Equipment and Materials

In addition to the materials ordinarily on hand for us in operative dentistry, the bleaching technique will require only a bleaching agent and source of heat and light to activate the bleach. In this technique, bleaching is effected by direct application of an oxidizing chemical to the discolored dental tissue, and heat and light to the operative area.

The bleaching agent to be used is Superoxol. It is a clear, colorless, 30 per cent solution of hydrogen peroxide. As a bleaching agent it is highly effective, but it is unstable and will decompose when exposed to light or atmosphere. It should be kept cool, and care must be used to avoid exposure of the skin to prevent cauterization.

The photo-flood lamp to be used for light and heat can be purchased from any photographic supplier. A No. 1 or No. 2 lamp is effective, but the former is a greater source of the needed energy. The lamp is simple to use when it is furnished with a spring clamp which can be applied to the bracket table arm of the dental unit. The lamp must be placed 2-3 feet from the patient, and it is considerate to have dark protective glasses for the patient's use.





Right: Armentarium for bleaching, including: rubber dam set-up, explorers, spoon excavators, cotton plier, cotton pellets, Woodson plastic instrument, dappen dish for Superoxol, contra-angle handpiece, and round burs.
Left: Photo-flood lamp attached to bracket arm.

Procedure

In preparation for applying the bleaching solution, it is advisable to begin by placing a secure, leak-proof rubber dam over the tooth to be operated. To give as much protection as possible to the patient's lips and mucosa against exposure to the Superoxol, the rubber dam must be clamped and ligated tightly. Isolate only the tooth to be operated. Preparation of the tooth should begin by removing all defective or discolored fillings. Those fillings not to be removed should be protected from excessive drying by application of a lubricant or cavity varnish. All the filling materials should be removed from the pulp chamber, and the root canal filling is not to remain beyond the orifice of the canal. Removal of surface stains and debris is effected within the pulp chamber by using a slowly rotated round bur. Earlier roentgenographic and clinical examination has established the soundness of the root canal filling and the health of the periapical tissue. Further evaluation of the root canal filling is necessary at this point, and an absolute seal of the canal can be assured by placing a small amount of zinc phosphate cement over the canal filling. I have had experience with a case in which the bleaching agent was applied where there was a defective root canal filling. This was the probable cause of severe pain for the patient with an apicoectomy and root canal procedure following. After taking adequate measures and preparing the tooth, the Superoxol can now be applied. Due to the instability of the bleaching agent, a small amount should be dispensed and placed in a dappen dish, and the container should be immediately resealed. The Superoxol is conveyed to the pulp chamber by wetting cotton pellets in the chemical and placing them in the pulp chamber. Care must be taken to prevent the material from leaking or dripping from the operative site. After the cotton pellets are placed in the pulp chamber, they can be remoistened by conveying the Superoxol to the cotton with a small medicine dropper or a syringe with a gold needle. Place the conveying instrument against the cotton and apply only enough Superoxol to remoisten the cotton. It is advisable to keep the entire crown of the tooth moistened.

After applying the Superoxol, the photo-flood lamp is placed 2-3 feet from the patient's face. The tooth is exposed to the light for 5 minutes, and during this period the area may be remoistened with the bleaching agent several times. In order to further activate the Superoxol, additional heat may be applied by placing a heated Woodson instrument directly against the cotton pellets.

Following this five minute period it seems advisable to remove the cotton pledgets, dry the tooth, reapply the Superoxol, and expose to the light for five more minutes. This procedure should be repeated several times over a 30 minute period.

At this stage of treatment, it is difficult to tell just how effective the procedure has been, since maximum effect from the bleach is attained hours later. Following this first treatment, it may be obvious that further application of the chemical is necessary. If so, the original procedure is repeated.

Following the bleaching procedure, it is wise to seal the walls of the pulp chamber with a heavy layer of clear cavity varnish. Prior to filling the pulp chamber a cement base

should be placed. Zinc phosphate is the cement of choice, and the properly selected shade can supplement the restoration of color to the tooth. The permanent filling may be silicate cement or self-curing acrylic.

Summary and Conclusions

A basic, proven technique to bleach non-vital teeth is described here. Superoxol (Hydrogen Peroxide, 30 per cent), when properly applied to discolored dentin, can be activated by the heat and light from a No. 1 photo-flood lamp, and it is an effective bleaching agent. Exposing the patient to the chemical and lamp is safe when adequate protective measures are taken. The appointment time is one hour, and more than one application may be necessary.

There are discolored teeth which cannot be treated with this technique, but when discoloration results from decomposition of the dental pulp tissue or debris, some success can be measured. Metallic stain and stains of any nature which have made deep penetration of the dentinal tubules make the problem more difficult.

The technique requires very little extra equipment, and it is uncomplicated to such a degree that one should not be reluctant to put it to use. By using better technique in endodontia, and employing the technique described here for bleaching non-vital teeth, we should all have more smiling patients.

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Patient Education

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CHECK YOUR GOALS, doctor! Do they include a good, complete, and thorough dental education program for your patients? The term "patients" is meant to include all people that come to you for treatment, no matter if they are new or old in your practice, young or old in age. Many times we tend to neglect the patient that has been in our practice for some time. His dental education should be continued, so that he may become a better dental missionary for dentistry.

Where does patient education begin, and when does it end? It should begin with your patient's first contact with your office, no matter how this contact is made. In too many cases it is never started, so there is nothing to stop. Webster defines a dentist as "a person whose profession is the care, treatment, repair of the teeth, and the fitting of artificial

teeth." If we are going to live up to the ideals of our profession and carry on the standards of those men who have gone before us, we have a great responsibility to our patients concerning their dental education. If we take this challenge and look it square in the face, we cannot fulfill it by any slip-shod method.

Patient education must be something every dentist is aware of every day, hour, and minute he is in his office. Webster tells us that the word "educate" means "to bring up as young persons, by teaching or training; to instruct; to train." To go one step further, Webster tells us education is "the act or process of educating, schooling, or training through study or instruction." Thus it is the dentist's responsibility to educate his patient, and his duty to continue this education. This, of course, means if we are to have a well-rounded dental education program for this patient of ours, we must know something more about him, other than just what happens to the problems we find in his oral cavity. What type of human being is this sittting in our chair? What are his fears, and what are his joys? To get right down to bare hard facts, why has he been putting off coming to the dentist for such a long time? What can we do to calm these fears and make this trip more enjoyable?

Now the next question is, "How much do we know about patient motivation, and patient communication?" Do we pass it off with the question, "What do we need that for?" The answer will be, if we want to do more than "patch work" dentistry for this patient, we had better know something about patient motivation and patient communication. This is necessary for proper patient education and "full mouth dentistry."

Patient education should be on the mind of each and every person in the dental office, not just the dentist. From start to finish, from recall to recall, the education program should continue. It is possible a great number of dentists do not realize how educational a complete and thorough dental examination can be, especially if it is called out verbally to the dental assistant, for her to work-up on the patients chart. Be complete with no part lacking! Full mouth X-rays and study models are also necessary for our examination.

The next step, and probably the most important, in our patient education should be the case presentation. Someone has said, "Never perform before you inform." The case presentation is the place to do this. Shakespeare said, "I, to myself am dearer than a friend." We should keep this in mind concerning our patients, not only for our case presentation, but for all phases of patient education.

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Eosinophilic Granuloma of Mandible A Case Report

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and

Th. Warnich Jensen, Cand. Odont.**

Eosinophilic granuloma is a rare tumor of unknown etiology occuring primarily in children and young adults. Clinically and roentgenografically it must be differentiated from benign cyst, ameloblastoma, giant cell granuloma, central fibroma, osteomyelitis and metastatic carcinoma. With Hand-Schuller-Christian's and Letterer-Siwe's disease it is described as Lipoidosis. Lipoidosis (xanthomatosis or histiocytosis X) is a deficiency in the reticulo-endothelial system causing deposition of lipoids. The disease usually attacks the flat bones of the skull, costea, and pelvis as monostotic or polyostotic lesions. In the skull, the bone most frequently affected is the mandible. X-rays will show round, ovoid or irregular shaped osteolytic lesions. On occasions, the cortex of the bone is perforated and pathologic fracture may result. The tumor does not attack the teeth, but may leave them without bony attachment. The microscopic picture shows granulation tissue where histiocytes with phagocytosed lipoids are the dominating type of cells. There are numerous collections of eosinophilic cells. Examinations have proven that there are increasing amounts of xanthoma cells in processes previously considered as eosinophilic granuloma, but now have to be named Hand - Schuller - Christian's disease. Eosinophilic granuloma may be followed by diabetes incipitus.

The initial symptoms may be defiguration from expansion of the cortex of the bone under the soft tissue with tenderness in the area. Constitutional symptoms are slight fever, fatigability and loss of weight. A hemotology report may show an eosinophilia. The treatment of curettage followed by X-ray therapy is usually sufficient. The prognosis of the disease is good.

Case Report

A seven-year-old well developed white girl was referred to the dental

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** Intern, Charlotte Memorial Hospital; Graduate of Royal Dental College, Copenhagen, Denmark



Figure 1



Figure 2

clinic of Charlotte Memorial Hospital by the pediatric department. The chief complaint was a slowly enlarging swelling in the right mandible of one year duration. The swelling had become sufficiently large to cause the patient to seek treatment. There was history of slight pain in the area. For two weeks prior to referral to the dental clinic, the patient was treated by the pediatrician for a possible infectious process using penicillin and sulfa without success. At the time of the initial examination the co-operative patient showed no signs of debilitation and had no pain. There was a big defiguration of the right mandible. The elevated area had an "eggshell" feeling on palpation and the skin was normal. Submaxillary lymphnodes were enlarged but the neck was without nodular enlargement.

Oral examination revealed normal dentition for a child of her age and the teeth were in good repair but in irregular position. In the buccal vestibule in the region of the right mandibular first molar there was swelling. The mucous membrane overlying the expanded bone was slightly reddish without tenderness. Otherwise, the gingiva and soft tissue were normal. X-ray examination of right mandible was reported as follows: (See fig. 1.)

"Right Mandible. There is diffuse area of rarefaction in the posterior and mid body of the right mandible, directly underlying the roots of the second molar and the developing third molar. The bone cortex apparently has been broken through and there is a definite but faintly seen reaction at the margins of the area of rarefaction. While the probability is infection, there is a good possibility that this is an actual tumor. The margins of the area of rarefaction are not sharply delineated." Robert S. Lackey, M.D.

Two weeks later X-ray examination of right mandible was reported as follows:

"Re-examination of the right mandible shows a marked increase in the size of radiolucency in the body of the right mandible. There now appears to be a definite break through in the shell of expanded bone over the lesion.

Impression. Tumor of right mandible, having its origin in the unerupted molar, and this is probably a dentigenous cyst." W. C. Sternbergh, M.D.

On September 13, 1962, the patient was admitted to the Charlotte Memorial Hospital. On admission the laboratory data was as follows:

Hematology	
Hemoglogin	12.7 grams 88%
Hematocrit	38
White Blood Cells	8,220
Sed	53
Lymphocytes	29
Eosinophils	15
Basophils	1
Monocytes	2
Platelets	Plentiful
Urinalysis	
Specimen	?
Specific gravity	1.011
P. H.	5
Albumin	negative
Ketones	negative
White Blood Cell	rare

The history and physical examination were negative except for the swelling of the right face. On September 14, 1962, at 11 a.m., the patient was given Demerol (35 mgm) and atrophine (gr 1/200) in preparation for operation at noon. After adequate endotracheal anesthesia was established, the patient was prepared and draped in the usual manner for intra-oral surgery. An incision was made approximately two centimeters distal to the mandibular right first molar and carried forward through the cuspid. A buccal flap was retracted. The bone overlying the bony defect was removed with rongeurs to gain access. The area was curetted and the pieces were sent to the laboratory for biopsy. The lesion was then packed with *"Gelfoam"* and the soft tissue was closed with 00 black suture. The patient withstood the procedure very nicely and was sent to the recovery room in good condition.

The report by Dr. Frederick G. Germouth, Jr., pathologist, gave the diagnosis of Eosinophilic Granuloma. With this diagnosis, long bone and skull X-rays were ordered to rule out other bone lesions. Films of the upper and lower extremities, pelvis and skull fail to show additional bone destruction. Early morning urinalysis on September 19, 1962, was reported as follows:

Specimen	voided
Specific gravity	1.017
P. H.	7
Albumin	negative
Ketones	negative
Sugar	negative
White Blood Cell	occasional

The patient's hospital care was uneventful and she was discharged on the seventh hospital day. X-rays taken on January 10, 1963, were reported as follows: (See figure 2.)

"Right Mandible: Re-examination of the right mandible fails to show any abnormality on the right side, especially in the region of the previous bony lesion." W. C. Sternbergh, M.D.

To date there appears to be no reoccurance and the lesion seems to be healing without further treatment. The patient will be under observation for several months.

This case report of an eosinophilic granuloma is presented to remind us of the existence of this disease for consideration when making a working diagnosis. When the diagnosis of eosinophilic granuloma is made care should be taken to rule out the more serious conditions of Hand-Schuller-Christian and Letterer-Siwe's disease. X-ray therapy was considered as contraindicated in the reported case because of the developing teeth. This opinion was substantiated by the prompt obliteration of the lesion following operative treatment.

The gross clinical characteristic of eosinophilic granuloma has been presented and a case reported of a

seven-year-old girl affected with this uncommon disease.

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Dr. Elfenbaum to Highlight Program



FENTON S. CUNNINGHAM, D.M.D.
President

I TAKE THIS OPPORTUNITY to invite every member to attend the forty-second annual meeting of the First District Dental Society on September 28, 29 and 30. Our meeting will again be held in Asheville at the Grove Park Inn.

Your Program Committee, under the chairmanship of M. M. Forbes, has secured what we feel will be an excellent program. Our clinician on Monday morning and afternoon will be Dr. Arthur Elfenbaum, who will speak on the very important field of diagnosis. Those who have heard Dr. Elfenbaum's presentations refer to him as one of the best they have experienced.

Due to your favorable response to having a speaker at our luncheon on Monday in 1962, we are doing this again this year. Dr. W. Amos Abrams, Editor of *North Carolina Education* will speak to us at this time. Dr. Abrams is widely known and respected as an authority in teaching and education.

Again we have invited the Ladies Auxiliary to join us for this event.

Our program begins Saturday night with our social hour and dinner followed by a country dance. Sunday morning will feature Bob Hoffman's Golf Tournament which is always a success. Sunday afternoon our social hour and buffet precedes our business meeting. I urge all of you to attend these functions as well as the scientific portion of our meeting on Monday.

I wish to thank the other officers and all committee members who have contributed so much during this year. Due to their efforts you will have a good meeting in '63.

Program

First District Dental Society

GROVE PARK INN, ASHEVILLE
SEPTEMBER 28-30, 1963

Saturday, September 28

4:00 p.m.	Registration, Lobby
6:00 p.m.	Social Hour
8:00 p.m.	Buffet—Hillbilly Hoe-down

Sunday, September 29

11:00 a.m.	Golf Tournament, Asheville Country Club
2:00 p.m.	Registration, Lobby
5:30 p.m.	Social Hour with Introduction of State Officers and Prospective Members
6:30 p.m.	Dinner, Plantation Room
8:30 p.m.	Opening Session, Laurel Room Call to Order Invocation Necrology Report Introduction of Visitors Minutes of Last Meeting Treasurer's Report Committee Reports Receiving of Applications for Membership Charge to New Members Old Business Election of Officers Installation of 1963-1964 Officers Adjournment

Monday, September 30

8:30 a.m.	Table Clinics, Green Room
9:00 a.m.	Registration, Lobby
10:00 a.m.	Arthur Elfenbaum, D.D.S. "Diagnosis Is the Key to Practice Building"
12:30 p.m.	Combined Luncheon Meeting with Ladies Auxiliary, Plantation Room Amos Abrams, Ph.D., Editor, *North Carolina Education,* Speaker
2:15 p.m.	Arthur Elfenbaum, D.D.S. "A New Approach to X-ray Interpretation in Everyday Dental Practice"
	Adjournment

First District Essayist

ARTHUR ELFENBAUM, D.D.S.
Chicago, Illinois



Dr. Elfenbaum began his professional career as a school teacher. He received his Bachelor of Arts degree in Education and his Teacher's Certificate from the Victoria University of Manchester, England, and taught in the school system of the same city.

He is a graduate of Northwestern University Dental School and a member of Omicron Kappa Upsilon.

He is now Professor Emeritus of both the University of Illinois and Northwestern University, and is active as a Senior Attending Member of the Medical Staff at Michael Reese Hospital and Medical Center.

Monday, September 30 **10:00 a.m.**

DIAGNOSIS IS THE KEY TO PRACTICE BUILDING

Diagnosis is now established as an essential phase of clinical practice in dentistry. It must precede treatment planning, whether it is to be mechanical, cosmetic, nutritional or medicinal. If dentistry is to be recognized as a health service and the dentist as a mouth physician, then every problem that concerns teeth, the oral soft tissues, or the jawbones, must be considered in relation to the TOTAL PATIENT.

Monday, September 30 **2:15 p.m.**

A NEW APPROACH TO X-RAY INTERPRETATION IN EVERYDAY DENTAL PRACTICE

The dental roentgenogram reveals more than cavities in teeth and loss of alveolar bone. By studying the eruptive pattern of the teeth in the roentgenogram, the form of the roots, and the CHARACTER of the bone itself, the dentist may be able to detect a correlated systemic condition of which the patient is unaware.

Members of the class are invited to bring records of actual clinical cases with study casts, roentgenograms, etc., for discussion.

Table Clinics

Monday, September 30 **8:30 a.m.**

1. **New Methods for Fabricated Temporary Bridges,** Eugene W. Lawrence, Jr., D.D.S., Franklin.
2. **Periodontia for General Practitioner,** C. Mitchell Hatchett, Jr., D.D.S., Asheville.
3. **Surgical Correction for Mandibular Prognathism,** John F. Lemler, D.D.S., Asheville.
4. **Immediate Space Maintainers,** W. W. Walker, D.D.S., Gastonia.
5. **General Field of Periodontia,** James B. Houser, III, D.D.S., Gastonia.

Second to Feature Biological Approach



JAMES E. GRAHAM, JR., D.D.S.
President

AS PRESIDENT of the Second District Dental Society, I would like to invite everyone in the State Society to attend our forty-third Annual Meeting to be held at the Queen Charlotte Hotel in Charlotte, September 22-23.

This meeting will feature a basic idea, and this idea is the attempt to interest the dentist in the biological approach to the practice of dentistry.

Dr. Joseph Volker will speak at the annual banquet and will do much to stimulate our interest in this subject. He is a dynamic individual and is much sought after as a speaker and clinician. We are indeed fortunate to have him as our guest.

We also have coming to us Dr. Jens Pindborg. Dr. Pindborg is a world renowned Oral Pathologist, and an interesting and knowledgeable speaker. You will not want to miss either of these.

You will notice when you read this program the absence of table clinics this year. Your Program Committee felt that since the time involved in our program is limited, more people could be reached with well prepared projected clinics than with the table variety.

Your officers and committeemen have tried to bring you the best possible district program, so make every effort to come and bring your wife and receive the best from this period of entertainment, education, and inspiration.

Program

Second District Dental Society

QUEEN CHARLOTTE HOTEL, CHARLOTTE
SEPTEMBER 22-23, 1963

Sunday, September 22

11:00 a.m.	Registration, Lobby
12:00 noon	President's Luncheon
1:00 p.m.	Executive Committee Meeting
5:00 p.m.	Meeting of New Members, President's Suite
5:30 p.m.	Reception for Clinicians and Social Hour, Chelsea Room
6:30 p.m.	Banquet, Ballroom Guest Speaker—Dr. Joseph F. Volker, Vice President, University of Alabama
9:15 p.m.	Opening Session, Chelsea Room Election of Officers

Monday, September 23

9:00 a.m.	Registration, Lobby
9:15 a.m.	Projected Clinics, Chelsea Room
10:00 a.m.	Dr. Jens J. Pindborg, Chelsea Room "The Examination and Evaluation of Oral Mucosa"
12:30 p.m.	Business Luncheon, Chelsea Room President's Address Installation of Officers
2:00 p.m.	Projected Clinics, Chelsea Room
2:45 p.m.	Dr. Joseph F. Volker, Chelsea Room "Biological Operative Dentistry"
4:45 p.m.	Closing Session
5:00 p.m.	Adjournment

Second District Essayists

JENS J. PINDBORG, D.D.S., DR. ODONT.
Copenhagen, Denmark

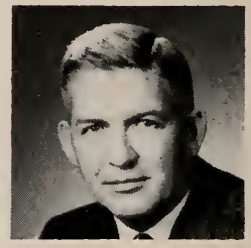


Dr. Pindborg is a graduate of the Royal Dental College, Copenhagen, Denmark. After his graduation he joined the faculty of the Royal Dental College and advanced to his present position as Professor and Chairman of the Department of Oral Pathology. He is also Head of the Dental Department of the University Hospital.

Monday, September 23 **10:00 a.m.**

THE EXAMINATION AND EVALUATION OF ORAL MUCOSA

JOSEPH F. VOLKER, A.B., M.S., D.D.S., Ph.D.
Birmingham, Alabama



Dr. Volker is one of the most outstanding men in American dentistry today. He graduated in dentistry at Indiana and received subsequent degrees from the University of Rochester as a Carnegie Fellow. He has had a number of academic appointments including Dean of Tufts Dental College, Dean of the University of Alabama Dental School, and most recently as Vice President for Health Affairs, University of Alabama.

Dr. Volker will be the guest speaker at the banquet on Sunday night in addition to his presentation Monday afternoon.

Monday, September 23 **2:45 p.m.**

BIOLOGICAL OPERATIVE DENTISTRY

Projected Clinics

Monday, September 23 **9:15 a.m.**

1. **Bleaching Technique for Non-Vital Teeth,** Victor L. Andrews, D.D.S., Mocksville.
2. **Preventive Orthodontics—The Problem of Tongue Thrusting,** Frank H. Daniel, D.D.S., Winston-Salem.
3. **A Brief Look at Several Interesting Lesions,** Nelson D. Large, D.D.S., Salisbury.

Monday, September 23 **2:00 p.m.**

4. **Orthodontia for Adults,** Richard F. Scherer, D.D.S., Winston-Salem.
5. **Principles Involved in Treating Periodontal Lesions,** Thomas G. Nisbet, D.D.S., Charlotte.

Mid Pines Offers New Facilities



CLAIBOURNE W. POINDEXTER,
D.D.S., *President*

DO YOU KNOW what a dental service corporation is? Do you know that such an entity is now legal in this state? Do you realize that this one concept has the potential of changing the very nature of dental practice as we now know it?

Has it come to your attention that your Delegates to the American Dental Association will vote this month, October, on the proposed dues increase? Apart from your immediate visceral reaction of NO, do you really know whether this proposal should or should not be carried?

Have you considered any basic change in your amalgam technique since you learned it in dental school? Are you really satisfied with all phases of your dental practice?

These questions may not have and may not deserve answers, but if one of them raises a doubt, you should make a note now to attend your district meeting. The informed conversations with your colleagues, the formal reports of your officers and committees, and the scientific program available are an important resource whereby the isolated, busy practitioner can keep abreast of the problems and advances in one of the most important segments of his life—his profession.

This year the Third District Society returns to the Mid Pines Club in Southern Pines—but to new and more convenient convention facilities. This wonderful meeting with its resort atmosphere in the Sand Hills has often been marred by inadequate and inconvenient lecture and clinic areas. The new convention building adjacent to the hotel should provide us with the setting for an outstanding meeting.

Your Program Committee has provided us with an excellent clinician whose subject deals with the very heart of everyone's practice, the silver amalgam restoration.

Your Clinic Committee has arranged for new faces and new subjects to heighten the interest of the table clinics.

As always the myriads of delightful golf courses in the area will be at their playing best for your recreational entertainment.

This is an unbeatable combination lacking but one ingredient to make it a most successful annual meeting—that one ingredient is YOU. Mark your appointment book now to reserve the time. The inspirational and change-of-pace values of a good scientific meeting are a healthy tonic for any dentist and worth far more than the dollars of a day of routine practice. To the new dentist particularly, this is the year to become involved in organized dentistry. You have the most to gain and also the most to lose if your profession becomes other than what you would have it be.

As President of the Third District Society let me extend a cordial invitation to all the members of our district and of the other districts of the state to bring your ladies and join us at Mid Pines October 6 and 7.

Table Clinics

Monday, October 7 Convention Building 9:00 a.m.

1. **Vital and Non-Vital Pulpotomy Techniques,** T. R. Oldenburg, D.D.S. and Benjamin R. Baker, D.D.S., Chapel Hill.
2. **Partial Dentures for the Cleft Palate Patient,** M. T. Wood, D.D.S., Chapel Hill.
3. **Pre-Extraction Records for the Immediate Denture Patient,** John B. Sowter, D.D.S., Chapel Hill.
4. **Practical Laboratory Hints,** Ludwig G. Scott, D.D.S., Burlington.
5. **Oral Examination and Charting with Special Emphasis on the Periodontium,** James B. Howell, D.D.S., Greensboro.
6. **Improved Techniques When Using the Verticulator,** Clyde L. Taylor, D.D.S., Greensboro.
7. **Pin Restorations for Fractured Anteriors,** Marion L. Ralls, D.D.S., Greensboro.
8. **Recovery of Lost Teeth,** William M. Ditto, D.D.S., Greensboro.
9. **Crown and Bridge,** William L. Haltiwanger, D.D.S., Rockingham.
10. **Clinical Study of Topical Fluoride,** Charles W. Horton, D.D.S., High Point.

Program
Third District Dental Society

MID PINES HOTEL, SOUTHERN PINES
OCTOBER 6-7, 1963

Sunday, October 6

10:00 a.m.	Golf Tournament
1:00 p.m.	Registration, Hotel Lobby
5:30 p.m.	Social Hour
7:00 p.m.	Banquet Invocation Entertainment
8:30 p.m.	Opening Session Call to order—Dr. C. W. Poindexter, President Invocation President's Address Report of Secretary-Treasurer— Dr. T. E. Sikes, Jr. Recognition of State Officers Introduction of Visitors Presentation of New Members—Secretary Charge to New Members— Dr. C. R. VanderVoort Election of Officers Announcements Adjournment

Monday, October 7

8:00 a.m.	Breakfast
8:00 a.m.	Registration
9:00 a.m.	Table Clinics, Convention Building
10:30 a.m.	"A Technique for Handling Silver Amalgam Alloy," Part I, Dr. Robert F. Eastman, New Orleans, Louisiana, Convention Building
12:30 p.m.	Business Luncheon, Hotel Dining Room Committee Reports Report on the President's Address Old and New Business Selection of Meeting Place Installation of New Officers
2:00 p.m.	"A Technique for Handling Silver Amalgam Alloy," Part II, Dr. Robert F. Eastman, New Orleans, Louisiana, Convention Building
4:00 p.m.	Final Business Session Drawing of Prizes Adjournment sine die

Third District Essayist

ROBERT F. EASTMAN, D.D.S.
New Orleans, Louisiana



Dr. Eastman is a graduate of the Medical College of Virginia School of Dentistry. He is Professor and Chairman of the department of Operative Dentistry, Loyola University, New Orleans, Louisiana. He is a member of Omicron Kappa Upsilon, a Fellow of the American College of Dentists, and a Consultant in Operative Dentistry for the Veterans Administration and the New Orleans United States Public Health Service Hospital. He was chairman of the Operative Section of the American Dental Association in 1959. Dr. Eastman has published several articles and has appeared on numerous dental society programs.

Monday, October 7 **10:30 a.m.**

A TECHNIQUE FOR HANDLING SILVER AMALGAM ALLOY
PART I

Monday, October 7 **2:00 p.m.**

A TECHNIQUE FOR HANDLING SILVER AMALGAM ALLOY
PART II

Dr. Eastman's talk will stress proper cavity preparation, matrix application, manipulation and condensation of silver amalgam, and will include the technique for carving and polishing these alloys. Some causes of amalgam failures will be considered. The talk will be divided into two sections and will be illustrated with Kodachrome slides.

An Invitation to Hotel Sir Walter



ROBERT T. BYRD, D.D.S.
President

ON SEPTEMBER 9 and 10, the Fourth District Dental Society will gather in Raleigh for its 43rd Annual Meeting.

At 6:00 p.m. on Monday there will be a social hour honoring candidates for membership, new members, and their wives. This will be followed by our "Happy Time" banquet.

Now, thanks to Dr. F. Durant Bell and his Entertainment Committee, we will not be left to wander around during the interim between the banquet and dance. They are inviting us back into the Elizabeth Room for a special treat, in the style of 'good ole barbershop harmony.'

Major General Joseph L. Bernier (DC), Assistant Surgeon General and Chief of the Dental Corps, will be our featured speaker on Tuesday, September 10, at 10:30 a.m. and 2:30 p.m. We feel fortunate indeed in having with us such a prominent figure as General Bernier. I am sure we will benefit greatly from his presentation.

Dr. W. Penn Marshall and his committee have arranged at least 9 fine table clinics for us on Tuesday afternoon. Also, the Auxiliary is planning a luncheon, business meeting and entertainment for the ladies.

Now, surely all these attractions are enough to bring out every district member and his wife. We also hope that members of other districts and areas will be tempted to follow suit, and a cordial welcome awaits everyone of you to join our fun and scientific sessions.

I would like to express my true thanks to every committee chairman and member for their generous help in making our meeting possible; also, to the ladies of the Auxiliary for their many contributions, especially the ever beautiful decorations.

COME ON TO RALEIGH!

Program
Fourth District Dental Society

FORTY-THIRD ANNUAL MEETING
HOTEL SIR WALTER, RALEIGH
SEPTEMBER 9-10, 1963

Monday, September 9

6:00 p.m.	Social Hour
7:00 p.m.	Banquet, Ballroom Invocation, Edgar D. Baker, D.D.S. Introduction of Guests, Robert T. Byrd, D.D.S.
8:30 p.m.	Entertainment, Barbershop Quartet, Elizabeth Room
9:30 p.m.	Dance, Ballroom

Tuesday, September 10

8:30 a.m.	Registration
9:00 a.m.	Opening Session Invocation, C. P. Osborne, Jr., D.D.S. Report of Secretary-Treasurer, William H. Oliver, D.D.S. President's Address, Robert T. Byrd, D.D.S. Recognition of North Carolina Dental Society Officers and Guests Committee Reports: Necrology, W. W. Rankin, D.D.S. Membership, J. M. Johnson, D.D.S. Ethics, Thomas M. Hunter, D.D.S. Election of Applicants to Membership Charge to New Members Announcements
10:30 a.m.	"The Management of Mucosal Lesions Which Predispose to Cancer," Major General Joseph L. Bernier, D.C.
12:00 noon	Luncheon
1:00 p.m.	Table Clinics
2:00 p.m.	"Malignant Tumors of the Oral Region," Major General Joseph L. Bernier, D.C.
3:30 p.m.	General Session Adjournment

Fourth District Essayist

MAJOR GENERAL JOSEPH L. BERNIER,
D.C.
Washington, D. C.



Major General Bernier is Assistant Surgeon General and Chief of the Army Dental Corps. He is a native of Chicago and attended the University of Illinois where he received his D.D.S. Degree and a Master of Science Degree in Therapeutics and Oral Pathology. General Bernier organized the American Academy of Oral Pathology in 1946. He is the founder of the American Board of Oral Pathology and served as its Secretary for 10 years and later as its President.

Tuesday, September 10 **10:30 a.m.**

THE MANAGEMENT OF MUCOSAL LESIONS
WHICH PREDISPOSE TO CANCER

Tuesday, September 10 **2:00 p.m.**

MALIGNANT TUMORS OF THE ORAL REGION

Table Clinics

Tuesday, September 10 **1:00 p.m.**

1. **Endodontics,** Roy L. Earp, D.D.S., Raleigh.
2. **Anterior Restorations with Plastic Filling Materials,** Rollin M. Ransom, Jr., D.D.S., Knightdale.
3. **Oral Pap Smears for Cancer Detection,** F. Durant Bell, D.D.S. and Arthur Davis, M.D., Raleigh.
4. **Photography in Case Presentation,** Gordon L. Townsend, D.D.S., Dunn.
5. **Strength and Stress in Alloy Restorations,** Thomas G. Collins, D.D.S., Raleigh.
6. **Treatment of Exposures in Primary Teeth,** Thomas H. Fetzer, D.D.S., Raleigh.
7. **Good Records Help Build a Good Practice,** Richard S. Hunter, D.D.S., Raleigh.
8. **Practice Management,** Colin P. Osborne, Jr., D.D.S., Lumberton.
9. **Photography in the Dental Office,** James A. Crawford, D.D.S., Raleigh.

Jacksonville Host to Fifth



ROBERT H. GILBERT, D.D.S.
President

THE FIFTH DISTRICT DENTAL SOCIETY meets September 8 and 9 in Jacksonville. This will be our first opportunity to attend an annual meeting there. Horne's Motor Lodge in Jacksonville will be the center of activities—one hundred rooms are available. The Jacksonville dentists, headed by Hogan Gaskins, have worked hard to make this, their first meeting, most attractive.

General Joseph L. Bernier, Assistant Surgeon General, will be our clinician. We are fortunate that Dr. Bill Hand of the Program Committee has secured such an outstanding speaker in dentistry as General Bernier. He will speak on various aspects of Preventive Dentistry. We will all gain much from his interesting and timely presentation.

Excellent table clinics have been arranged by Dr. Tom Reid. These are always popular and interesting. Much preparation goes into these clinics for the benefit of all who attend. On Monday we also have on the program a short presentation of "Disaster Preparedness" which deserves our full attention.

The Jacksonville group has arranged a most interesting and complete program for the Dental Auxiliary. Nothing has been spared to make this session most enjoyable and entertaining for the wives.

We extend a most cordial welcome to all state officers and members from other districts. We much desire your attendance. Please come on down and enjoy a hospitable, relaxed weekend with us.

The district meeting means much to each of us and to organized dentistry. Come early and register on Sunday afternoon. We have a full and excellent program. Having each of us present will contribute much to a most successful meeting.

Program
Fifth District Dental Society

HORNE'S MOTOR LODGE, JACKSONVILLE
SEPTEMBER 8-9, 1963

Sunday, September 8

1:00 p.m.	Registration, Horne's Motor Lodge
1:00 p.m.	Golfing, Boating, Fishing and Bowling
3:00 p.m.	Last Meeting Executive Committee
6:00 p.m.	Fellowship Hour, Horne's Motor Lodge
7:00 p.m.	Banquet, Horne's Motor Lodge Master of Ceremonies, G. Hogan Gaskins, Jr., D.D.S. Invocation, The Reverend W. L. Smith Address of Welcome, Mayor A. D. Guy Response to Welcome Introduction of Guests, Robert H. Gilbert, D.D.S. Entertainment
8:30 p.m.	General Session Call to Order, Robert H. Gilbert, D.D.S., President Invocation Necrology Service, James E. Furr, D.D.S. Minutes of Last Meeting and Secretary-Treasurer's Report, James H. Lee, D.D.S. President's Address, Robert H. Gilbert, D.D.S. Presentation of New Members, A. Dwight Johnson, D.D.S. Nominating Committee Report, R. B. Barden, D.D.S. Recognition of State Officers Election of Officers

Monday, September 9

8:30 a.m.	Registration, City Hall
9:00 a.m.	Major General Joseph L. Bernier, D.D.S., M.S., F.A.C.D., Assistant Surgeon General and Chief of Army Dental Corps, "Preventive Dentistry"
12:00 noon	Lunch, Horne's Motor Lodge
2:00 p.m.	Table Clinics, City Hall
3:00 p.m.	Final Business Session Committee Reports Report on President's Address New Business Installation of Officers Adjournment Drawing of Grand Prizes

Fifth District Essayist

MAJOR GENERAL
JOSEPH L. BERNIER, D.C.
Washington, D. C.



Major General Bernier has been Assistant Surgeon General and Chief of the Army Dental Corps since 1960. He was awarded his D.D.S. Degree and a Masters Degree in Therapeutics and Oral Pathology by the University of Illinois School of Dentistry. Probably more than any other single individual, he has been responsible for the creation of an official awareness of the need for greater efforts within the dental profession and to detect and prevent oral disease, particularly cancer. His textbook, "The Management of Oral Disease" is currently used as a standard work in over 25 dental schools.

Monday, September 9 **9:00 a.m.**

PREVENTIVE DENTISTRY

New concepts of prevention in all phases of dentistry, i.e. surgery, periodontia, prosthodontia, etc.

Table Clinics

Monday, September 9 **2:00 p.m.**

1. **Oral Pap Smears for Cancer Detection,** F. D. Bell, D.D.S. and Arthur Davis, M.D., Raleigh.

2. **Periodontia—Split Flap and Gingival Extension Procedures,** M. W. Aldridge, D.D.S., Greenville.

3. **A Root Canal Treatment Procedure,** R. A. Carnevale, D.D.S., and Thomas C. Boykin, D.D.S., Goldsboro.

4. **Crown and Bridge,** Eastern Prosthetic Club.

U. N. C. School of Dentistry

Campus News



KERMIT F. KNUDTZON, D.D.S.*

Graduation

Forty-five students of dentistry received their D.D.S. degree and 14 dental hygienists received their certificates at the annual commencement exercises held June 3, 1963 at Fetzer Field on the U.N.C. campus.

Dr. Sandy Marks, Sr. received his M.S. degree in Pedodontics and Gail McLean and Christine Olsen received B.S. degrees in Dental Hygiene. The tenth Honors Convocation was held that afternoon, when Dean Brauer welcomed the families and friends of the student body. Robert Burton House, Chancellor Emeritus of the University of North Carolina, delivered the address to the graduating class.

Following the exercises, the graduates and their families were honored at a reception given by the Faculty Wives of the School of Dentistry.

U.N.C. Faculty News

Drs. Dwight Clark, Assistant Professor of Oral Surgery, and Cecil Rhodes Lupton, Assistant Professor of Oral Surgery, successfully passed the entrance requirements of the examining board of the South East Society of Oral Surgeons held in Point Clear, Alabama, May 16, 17, 18, 1963.

Dean John C. Brauer appeared May 17 before a Senate Appropriation Subcommittee for the National Institute of Dental Research and the Division of Dental Public Health and Resources of the U.S. Public Health Service. Testimony presented was relative to research grants and research training and fellowships.

Drs. Marvin Chapin and Monte Miska were honored by the Senior Class at the annual picnic of the Spurgeon Dental Society by being "dunked" in the lake on Marvin Evans' farm. This honor carries with it the privilege of "hooding" the seniors at the tenth annual Honors Convocation ceremonies.

Dr. Clifton E. Crandell was promoted to Associate Professor of Oral Diagnosis and Treatment Planning effective July 1, 1963.

Dr. William E. Creighton, Assistant Professor of Practice Administration and Dental Science and Assistant Professor of Public Health Administration, resigned to accept a position with the Oregon State Department of Public Health.

Dr. Frank E. Law, Professor of Practice Administration and Dental Science and Professor of Public Health Administration resigned to move to Washington, D. C.

Dr. Andrew Derart Dixon, L.D.S., B.S., B.D.S., M.D.S., Ph.D., B.Sc., was named Professor of Practice Administration and Dental Science, effective July 1, 1963. Dr. Dixon is from the University of Manchester, Manchester, England.

Dr. Donald William Warren, B.S., D.D.S., M.S., Ph.D., became Assistant Professor of Prosthodontics, effective July 1, 1963. Dr. Warren received his D.D.S. degree from the University of North Carolina and his M.S. and Ph.D. degrees from the University of Pennsylvania.

Postgraduate Courses

One course in Clinical Periodontia and Oral Pathology was given June 4-8 under the direction of Dr. Grover Hunter and staff. Dr. Saul Schluger, Director of Graduate Dental Education at the University of Washington, Seattle was the guest lecturer.

North Carolina dentists taking the course were: Drs. M. W. Aldridge, Greenville; David Ballard, Charlotte; R. B. Barden, Wilmington; Charles S. Cooke, Wilson; John S. Dilday, Durham; James E. Graham, Charlotte; George and William Haltiwanger, Rockingham; Harold E. Maxwell, Fayetteville; M. P. Nicholson, Raleigh; Cecil Pless, Jr., Asheville; John R. Spencer, Salisbury; and D. L. Wells, Wallace.

Three courses were offered in July 1963 in Dentistry for Children I, II, and III. These were conducted by Dr. Roy Lindahl and staff. North Carolina dentists participating in these three courses included Drs. W. H. Young, Burgaw; Barry Miller, Charlotte and J. A. Pearce, Raleigh.

General News

Journal Content Changed

Effective with this issue, a change of contents of the August and September issues of the JOURNAL has been made on a trial basis.

Previously, the Transactions of the House of Delegates have been printed in the August issue. The district programs and the usual scientific papers and news items have been carried in the September issue.

This year the Transactions will appear in the September issue and the district programs are being run in this (August) issue.

Editor-Publisher C. C. Diercks explained that the change in policy was prompted by the district meetings occurring earlier each year. He pointed out that the Fifth District meets as early as September 8-9 in 1963. In order for the district programs to reach the membership well in advance of the meetings, the change was made.

'64 Scrap Amalgam Drive

Mrs. Roy A. Miller of New Bern has announced plans for the Auxiliary's 1964 Scrap Amalgam Drive. Since this project was inaugurated by the Auxiliary in 1954 a total of $15,642.41 has been raised for the North Carolina Dental Society Relief Fund. Last year's drive netted $1,987.50.

Dentists are urged to bring their amalgam scrap to their district meetings this fall and get the drive off to a real head start, Mrs. Miller said. An office-to-office collection will be conducted by members of the Auxiliary and representatives of dental supply houses March 2-7, 1964.

The District which turns in the most scrap will be given a special award at the annual meeting in Pinehurst next May, according to Mrs. Miller.

N.C.D.S. President S. Byron Towler has requested the co-operation of all members in support of the Auxiliary effort in behalf of the Society's Relief Fund.

Board Members Re-elected

Dr. S. L. Bobbitt of Raleigh and Dr. G. Shuford Abernethy of Hickory have been elected to succeed themselves as members of the North Carolina State Board of Dental Examiners. Both dentists have served on the Board since 1957.

Dr. J. Homer Guion, Secretary of the North Carolina Board of Dental Elections, announced that both men were re-elected for a term of three years at a meeting of the Board of Dental Elections on June 2.

Drs. Bobbitt and Abernethy were the only dentists nominated and according to law they were automatically elected.

42 N. C. Towns Fluoridate

Forty-two towns in North Carolina with a total population of 1,163,740 are now adding fluoride to their municipal water supplies.

Another 36,142 people residing in 17 other towns are drinking water with natural fluoride at optimal level. Thus, 1,199,882 North Carolinians or 55.5 per cent of the urban population of the state are drinking fluoridated water.

The forty-two cities now fluoridating their water and the year in which they began the process are:

1949—Charlotte
1951—Winston-Salem
1952—Concord, Salisbury, Fayetteville, Roanoke Rapids, Lenoir, Southern Pines, Rocky Mount, Rockingham
1953—High Point, Hickory, Dunn, Erwin, Reidsville, Lexington
1954—Lumberton, Shelby, Wilson, Albemarle
1955—Wilmington
1956—Mooresville, Thomasville
1957—Mount Airy, Raleigh, Greenville
1958—Tarboro, Smithfield
1959—Laurinburg, Washington, Aberdeen
1960—Hillsboro, Elizabeth City
1961—Goldsboro, Newton, Sanford
1962—North Wilkesboro, Durham, New Bern
1963—Burlington, Roxboro, Spray

North Carolina communities with natural fluoride in their water include: Ayden, Bailey, Belhaven, Edenton, Farmville, Hamilton, Littleton, Plymouth, Powellsville, Rich Square, Robersonville, Tabor City, Wentworth, Williamston, Windsor, Winton, and Wise.

According to the State Board of Health there are 46 towns in North Carolina with water sources and treatment facilities suitable for immediate installation of fluoridation equipment.

Old Publications Wanted

Thanks to Dr. Z. L. Edwards of Washington the Central Office now has in its permanent files copies of the first three issues of *The Burr* published in the Fifth District Dental Society in March, July and October 1930. We appreciate Dr. Edwards' gift of these valuable and historical publications. We hope it will encourage other members to contribute back issues of the publications of the North Carolina Dental Society. They will be bound and made a part of the Society's permanent records.

Among the publications needed to complete the files in the Central Office are the Proceedings issues from 1875-1930 and issues of the Bulletin prior to 1942. Also, copies of the District publications. Besides *The Burr,* published by the Fifth District, the Third District published its own bulletin called *The Plugger.*

Members who have any of the above publications just gathering dust in attics or basements are asked to contact the Central Office. If you are willing to donate them, they will be properly cared for and preserved.

Foundation Contributors

A complete list of contributors to the Dental Foundation of North Carolina, Incorporated will be published in the January issue of the JOURNAL. It was originally planned to carry the list in this issue, but space would not permit.

Health Bills Passed By General Assembly

During the 1963 General Assembly which adjourned June 25 eight bills of particular interest to the dental profession were introduced. Two were sponsored by the North Carolina Dental Society, five were supported by the Society and one was opposed by the Society.

Of the eight bills, the two Society-sponsored bills were ratified; three of the Society-supported bills were passed, and two defeated; and the bill opposed by the Society was passed after an amendment satisfactory to the Society.

The two Society-sponsored bills were introduced by Representative Thomas H. Woodard of Wilson. H.B. 549 amended the General Statutes to eliminate the nomination of a member of the Medical Care Commission by the North Carolina Dental Society. H.B. 550 amended the General Statutes to eliminate the provision for a representative of the Dental Society as a member of the Mental Health Council. The Statutes now provide for a dentist licensed in North Carolina to be appointed by the Governor to both agencies after he has requested nominations from the President of the North Carolina Dental Society. The amendments are in keeping with a policy established by the 1962 House of Delegates that membership in the Dental Society should not be a statutory requisite to the holding of any public office. Both amendments were ratified May 1.

The five bills supported by the Society included:

S.B. 8—To provide for the establishment of a program of medical assistance for the aged under the provisions of the Kerr-Mills Act. This was ratified May 29.

S.B. 423—To provide an appropriation of $750,000 for the next biennium to support a program of medical assistance for the aged, $200,000 of which is earmarked for a program of dental care for persons sixty-five years of age or over. This was ratified June 13.

H.B. 860 — To protect anyone who renders emergency care at the scene of an emergency from civil action. This "Good Samaritan" legislation was passed by the House June 7, but was killed by the Senate Calendar Committee.

S.B. 182—To create a Department of Mental Health was ratified June 24. The Society unsuccessfully tried to have this bill amended to provide for a dental member of the State Board of Mental Health. The law now provides that membership on the State Board of Mental Health is exactly the same as for the old State Hospitals Board of Control, except that it provides that two members shall be physicians.

H.B. 1168—To prohibit anyone except medical doctors from making chemical and other laboratory tests of human blood, tissue and so forth for the purpose of diagnosing a disease. By agreement with the Medical Society, the bill was amended to protect the dental profession. However, the House postponed action on the bill indefinitely.

The Society opposed H.B. 1114 which authorized any municipality in the state in its discretion to submit the question of fluoridation to a referendum. As a result it was amended to apply only to the City of Burlington and was ratified June 11.

Dr. Brauer Honored

Dr. John Charles Brauer, Dean of the University of North Carolina School of Dentistry, was the recipient of the 1963 O. Max Gardner Award.

Dr. Brauer was cited for his achievements and for being "one of the most creative and influential national spokesmen in the field of dentistry," by Mrs. George Wilson of Fayetteville, chairman of the Board of Trustees Committee for the O. Max Gardner Award. Dr. Brauer has headed the UNC School of Dentistry from its founding in 1950.

Before coming to Carolina, Dean Brauer taught or held executive positions at the University of Nebraska College of Dentistry, the Atlanta-Southern Dental College of Emory University, the College of Dentistry at the University of Iowa, the University of Washington, and the University of Southern California. During World War II he was Chief of the Dental Standards Branch of the Surgeon General's Office.

Since coming to UNC in 1950 as the first dean of the School of Dentistry, Dr. Brauer has initiated and carried forward a number of far-reaching programs.

One of his two textbooks, "Dentistry for Children" is now in its fifth revised edition and is the standard text in its field. It is in use throughout the world, including Spanish and Japanese translations.

He has spurred plans for a million-dollar dental research center on the UNC campus, receiving the full grant request of $492,000 from the federal government. Working through and with the dental profession of North Carolina, individual contributions to the center totalled almost a like amount.

Fluoridation Manual

"How to get the benefits of fluoridation for your community" is the title of a new manual by Dr. Donald R. McNeil and published by the American Dental Association.

This "how-to" manual provides a lay community leader with all the advice and counsel he could otherwise obtain only from an experienced, qualified consultant on fluoridation campaigns.

Prices are $1 a copy; 85 cents each for 25-49 copies; 75 cents each for 50 copies or more. Prices on larger quantities are available on request from the Order Department, American Dental Association.

The Council on Dental Health will send a single copy without charge to chairmen of local fluoridation committees at their request.

President Towler

Dr. S. Byron Towler of Raleigh, current President of the North Carolina Dental Society, was well-experienced when he began his term as president May 8 at the 107th Annual Session in Pinehurst.

Just a little over a month previous, he ended his term as President of the Southern Academy of Prosthodontics when he presided at its annual meeting in Atlanta, March 21-23. The Academy has 174 members in nine southern states.

Three Clinicians Announced

Dr. L. D. Herring, General Chairman of the 1964 Annual Session, has announced the three main clinicians who will be featured at the 108th Annual Session in Pinehurst, May 10-13, 1964.

The essayists and the general areas of dentistry to be discussed by them are: Dr. R. A. McEwen, Atlanta, operative dentistry; Colonel Frank C. Jerbi (DC), Walter Reed Hospital, prosthetics; and Dr. Raymond E. Boudreaux, New Orleans, oral surgery.

Zip Code Is Here

A new nation-wide zone system to improve delivery is now in effect. By now you should have received from your letter carrier or post office the ZIP Code number that applies to your delivery station. It consists of five digits and is to be added *after* the city and state.

Members are requested to fill in the form below and return it to:

North Carolina Dental Society
P. O. Box 11065
Raleigh, North Carolina 27604

Note the five digits after "North Carolina" in the above address. This is the ZIP Code number of the Central Office. Use it in all future correspondence. Be sure to add your own ZIP Code number to your return address on all your mail.

When you return the form, be sure to give your *mailing* address—the address to which you want your mail delivered. Your prompt co-operation will assure you faster delivery service.

When you have new stationery or statements printed be sure to add your ZIP Code on letterheads, envelopes and statements.

Obituaries

Dr. J. Y. Hinson, 65, of Durham, a member of the Third District Dental Society, died March 23, 1963.

Dr. Charles S. McCall, 75, of Forest City, a Life Member of the First District Dental Society, the North Carolina Dental Society, and the American Dental Association, died June 23, 1963.

MAILING ADDRESS FORM (please type or print)

Name

Street or Box Number (mailing address)

City State ZIP Code

Telephone Number Area Code

The New Enlarged Program of

DISABILITY INSURANCE

EFFECTIVE ON JUNE 22, 1963 RENEWAL OUR PRESENT LOWER PREMIUM RATES FOR UNDER AGE 35 WILL BE EXTENDED TO INCLUDE MEMBERS UNDER AGE 40. PLEASE NOTE QUOTATIONS BELOW.

PLANS UP TO

- $250.00 WEEKLY DISABILITY INCOME BENEFITS ($1,080.00 monthly)
- $20.00 PER DAY EXTRA HOSPITAL BENEFIT, AND UP TO $225.00 SURGICAL BENEFITS FOR MEMBER AND DEPENDENTS (Optional)

PLAN A (Basic)

Lifetime Accident and 7 Years Sickness

Weekly Benefits	Dismemberment Benefits	Principal Sum For Accidental Death	SEMI-ANNUAL PREMIUMS Premium Age 40 and over	†Reduced Premium To Age 40
$250.00	Up to $50,000.00	$5,000.00	$244.50	$183.50
$200.00	Up to $40,000.00	$5,000.00	$196.50	$147.50
$150.00	Up to $30,000.00	$5,000.00	$148.50	$111.50
$100.00	Up to $20,000.00	$5,000.00	$100.50	$ 75.50

PLAN AA (Long Term)

Lifetime Accident and For Sickness, from Inception of Disability To Your Attainment of Age 65

Weekly Benefits	Dismemberment Benefits	Principal Sum For Accidental Death	SEMI-ANNUAL PREMIUMS Premium Age 40 and over	†Reduced Premium To Age 40
$250.00	Up to $50,000.00	$5,000.00	$292.00	$219.25
$200.00	Up to $40,000.00	$5,000.00	$234.50	$176.00
$150.00	Up to $30,000.00	$5,000.00	$177.00	$133.00
$100.00	Up to $20,000.00	$5,000.00	$119.50	$ 89.75

The premiums for Plan AA will be reduced to the same premium as for Plan A at age 58.

Note: The above rates **do not** increase at age 50 or even at age 60!
†On attaining age 40, age 40 rates apply on renewal.

J. L. CRUMPTON, State Mgr.
Professional Group Disability Division
COMMERCIAL INSURANCE COMPANY OF NEWARK, N. J.
Box 147, Durham, N. C.
J. Slade Crumpton, Field Representative

If more information is needed or help desired in completing your enrollment please call us collect:
Area Code 919—Phone 682-5497

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THE Journal OF THE NORTH CAROLINA DENTAL SOCIETY

SEPTEMBER, 1963

VOL. 46, NO 5

Transactions 1962-1963

NOTE

The Roster of Members will be published as a supplement to the January 1964 issue.

THE JOURNAL

of the

North Carolina Dental Society

A Constituent of the American Dental Association

Containing the

TRANSACTIONS

of the

107th ANNUAL SESSION

at

THE CAROLINA — PINEHURST, NORTH CAROLINA

May 5 - 8, 1963

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OFFICERS 1962-63

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S. BYRON TOWLER, D.D.S., *President-Elect*.....Raleigh
GEORGE S. ALEXANDER, D.D.S., *Vice President*.....Kannapolis
DENNIS S. COOK, D.D.S., *Secretary-Treasurer*.....Lenoir

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RALPH D. COFFEY, D.D.S.....Morganton

EDITOR-PUBLISHER

CLINTON C. DIERCKS, D.D.S.....Morganton

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NORMAN F. ROSS, D.D.S. (1963).....Durham
PEARCE ROBERTS, JR., D.D.S. (1964).....Asheville
THOMAS G. COLLINS, D.D.S. (1965).....Raleigh

EXECUTIVE SECRETARY

ANDREW M. CUNNINGHAM.....Raleigh

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Report of the President

Edgar D. Baker, D.D.S.
Raleigh

Mr. Vice President, Officers, and Members of the North Carolina Dental Society and Guests:

In the traditional cordiality of this opening session, I welcome you to the 107th Annual Meeting of this Society. We are especially pleased to have representatives of our allied organizations present, as well as our 5th District Trustee and the President of the American Dental Association, who will speak to us later.

In presenting my report to you and striving to be brief, it is necessary that I limit my remarks to some of the problems which have been in the forefront during this administration. In order that the hours spent in performance of duties by so many of our hard working committees may not be overlooked, I call your attention to the document familiarly known as the "Blue Book" which contains the complete committee reports of this Annual Session.

Mouthguard Program: Our first big challenge, mouthguards, came during last year's Annual Meeting and before we left Pinehurst. The Council on Dental Health and Information was organizing a standard plan of procedure for high school principals, athletic directors and the local dentists and dental societies to coordinate efforts to supply mouthguards for all of our high school athletes. Thousands of man-hours went into this effort — compiling and coordinating information, printing and distributing techniques, calling on dental groups who had such programs to demonstrate. Altogether, some sixty-nine local dental societies and an undetermined number of individuals participated earnestly and willingly, and usually without remuneration. Because of this undertaking, some 10,000 additional high school boys were given mouthguard protection in contact sports last year. This program was well worthwhile and, I feel sure, will grow each year along with our schools and our profession.

Many of you here tonight can take pride in your part of this accomplishment.

Fluoridation: We are proud, also, that, largely through your efforts and the continuing educational program of the Division of Oral Hygiene, 56 towns and communities are now supplied with fluoridated water. This includes about 66 per cent of the urban population of our state, or about 1,200,000 people.

Dental Manpower: The Council on Dental Health and Information also worked diligently with the Division of Oral Hygiene on our problems of dental manpower by participation in Career Day activities in our city and county school units. Over 7,000 brochures dealing with careers in dentistry were distributed to students, and some 173 vocational guidance counselors contacted during this year alone.

Also on the subject of manpower — our Advisory Committee to the University has worked in cooperation with our Dental School and the Dental Foundation to realize plans for the enlargement of our dental student enrollment and the realization of the Research Center.

Through your individual contributions as members of the North Carolina Dental Society, the one-half million dollar goal of the Foundation lacks only about $10,000 of fulfillment. The recent passage of H.R. 12 by the Congress means that our dental school enlargement can be realized about two years sooner.

School Health Funds: Through the alertness of the Onslow County Dental Society, we were shocked to learn some facts concerning the use of the School Health Fund. An investigation by the Executive Committee revealed that approximately 56 per cent of our school children were found to be eligible to participate in the use of these funds under the present evaluation standards. Our members have always been willing to work for needy children at reduced fees or without pay, but it was felt that the figure of 56 per cent was certainly not representative of the true indigent picture in our state. A special committee has worked throughout the year in conjunction with committees of the Medical Society, the Welfare Department, the State Board of Health and the Department of Education to seek a solution. I wish I could state that the problem is completely solved. This is not the case at this time — although we feel we are well on our way to having the standards resolved to a more realistic figure. For example: 20 per cent or 25 per cent.

Kerr-Mills Legislation: Our support for the Kerr-Mills implementation also brought together our committee on Care for the Aged and Legislation, with several other medical society and welfare groups. These meetings were beneficial to all concerned and I suggest in the future that we continue this working relationship between the Dental and Medical Societies and the Boards of Health and Welfare to develop one common standard of eligibility for all public assistance programs such as Crippled Children, Aid to Dependents, Blind Commission, School Health, Care for the Aged and so forth. Such a common denominator can be a stop-gap in the welfare state we see developing in the nation. However, we must always be reminded of our obligation as individuals to help care for the needy. Let us not forget that it is at least partly our negligence in the past in this area that has led us into the threat of socialized medicine which hangs over us today.

Insurance: Through the Insurance Committee's endeavors, there are some significant improvements of benefits in our disability plan. This committee desires that the Society endorse a liability insurance plan, to the end that such a plan might eventually result in a rate reduction and saving to the members. The Blue Cross-Blue Shield Committee seems reasonably close to finally resolving our differences in a favorable way so that dentists can be paid for their oral surgical procedures which are presently included in the general surgical contracts of the Blue Shield Companies.

Miscellaneous Committee Activities: Children's Dental Health, Cancer and the Study Club committees continue to make their contribution to

our total efforts. Currently, the Library and History Committee is presenting a very interesting and timely exhibit of "Dentistry During the Civil War." This is in recognition of the hundredth anniversary of the War Between the States. I would like to see this exhibit expanded and preserved for the future.

Dental Service Corporation: For the past several years, we have had a Dental Service Corporation Committee studying the pros and cons of this type of dental service. About a dozen or so other states are studying this problem also, and in six or seven states, the dental service corporations are actually in business.

Early in the fall, I asked this committee to continue to study the need for a dental service corporation in this state and to make some detailed recommendations to the 1963 House of Delegates. I am grateful to this long-suffering committee for all its research and labor in investigating this matter. I believe that the dental service corporation is organized dentistry's best answer to the threat of socialization. The committee has made some sound recommendations, I think, and I should like to see them adopted by the House of Delegates.

Litigation: Our legal suit, in which a Negro dentist charged that he was denied membership in our Society because of his race, began in March of 1960 and is still pending in court. In order that you may be accurately informed of recent developments, I have asked our attorney, Col. William T. Joyner, to speak to us at our Monday night session. We are still hopeful that this case can be brought to a successful conclusion in the near future. Unless we win this case, our Society, as a voluntary professional organization, with the right to select our own members, will cease to be.

New Orleans Conference: At the A.D.A. meeting last October, the House of Delegates passed a resolution empowering the House of Delegates to suspend the representatives of a constituent society upon the determination by the House that the bylaws of the constituent society violate the Constitution and Bylaws of the American Dental Association. Such suspension shall not be in effect until the House has voted that the constituent society is in violation and has had one year after notification of specific violations in which to correct its constitution and bylaws.

Our Constitution and Bylaws do not conflict with the A.D.A. Therefore, the passage of this resolution confused us. The fact that the A.D.A. had met with the officials of the National Dental Association and not with N.C.D.S. about membership; the tone of the A.D.A. nationwide press and TV releases during and following the meeting at Miami; the invitation to attend the New Orleans conference with officers of 12 other Southern states; and finally the editorial in the December issue of the *A.D.A. Journal* (page 819) made us very unhappy to say the least.

I shall not dwell on the ugly thoughts that passed through my mind nor on the discussions that took place at our Executive Committee meeting because I am sure you are familiar with these. I hasten to say that there was an encouraging ring to one paragraph of the letter of invitation to the New Orleans Conference, and I quote, "President Timmons has asked me to advise you of his wish that the conference provide for full and free discussion of all factors which are involved in the possible conflict of bylaws between the Association and its constituents to the end that an equitable solution can be developed voluntarily which will redound to the benefit of the public and of the dental societies which are involved." We hoped that he had said what he meant. Later, at the conference, we found that he also meant what he said. He was as good as his word. The meeting was as open, as full, free and as honest a discussion as I have ever attended. We were able to thrash out our

problems, and I believe the meeting brought about a better understanding between all concerned than ever existed before. It was attended by representatives of eleven states, A.D.A. officials, Board of Trustees and several A.D.A. staff members. North Carolina had seven members present: the President, President-Elect, Secretary-Treasurer, Executive Secretary, 2 Delegates to the A.D.A. and the Chairman of our Constitution and Bylaws Committee.

These discussions were confidential and were not released to the press. An official statement of the conference was published and I quote, "Officials of the American Dental Association and representatives of several of the constituent societies met in New Orleans on January 7 to discuss Association business. The Conference unanimously agreed that the right of the component society to determine the qualifications of its members shall be preserved and that the right of the component society to classify its active members of the constituent society and of the American Dental Association be maintained."

President Timmons and the New Orleans Conference were successful in settling a family misunderstanding, at least for the present — but we are still defending our position in the courts. No one can say what is in the future or what will happen. I do not have the solution nor do I know of anyone who has, so I will not prolong this. I think time will provide a solution and perhaps the only solution in which harmony, peace and good will can endure.

Appreciation: To conclude on a happier note, I want to express my appreciation to Alex Pearson, the General Chairman, and to the Annual Session Committee for the fine cooperation in preparing this meeting. I want to thank our Executive Secretary, Andy Cunningham, Mrs. Cunningham and Mira Riddle for devoted assistance throughout the year.

Mrs. Baker and I again want to express our sincere appreciation to you for the honor and privilege of serving as your President and First Lady.

Report of the Secretary-Treasurer

Dennis S. Cook, D.D.S.
Lenoir

NORTH CAROLINA DENTAL SOCIETY

Audit for Fiscal Year Ended May 31, 1963

Greensboro, North Carolina
June 29, 1963

The Officers and Directors
North Carolina Dental Society
Raleigh, North Carolina

Gentlemen:

I have examined the books and records of the North Carolina Dental Society for the fiscal year ended May 31, 1963. My report, consisting of balance sheets and statements of receipts and disbursements for the General Fund, the Relief Fund, and the Development Fund, together with supporting schedules, is submitted herewith.

Cash in banks and savings accounts in savings and loan association have been confirmed by the depository institutions. U. S. Treasury Bonds in a safe deposit box in the First-Citizens Bank and Trust Company, Raleigh, North Carolina have been certified to me by joint letter of your President and Executive Secretary. Recorded receipts have been traced into the bank. Cancelled checks and paid invoices have been examined and found in order and reasonably classified.

Inasmuch as the records are maintained on the cash basis, members' arrears and liabilities, if any, are not reflected in the balance sheet.

Respectfully submitted,
Louis N. Hand, Jr.
Certified Public Accountant

Exhibit A

BALANCE SHEET—GENERAL FUND
May 31, 1963

ASSETS

Cash in Bank—Exhibit B	$ 26,270.68
Savings Account—First Federal Savings and Loan Association, Durham, N. C.	4,670.58
Savings Account—Raleigh Savings and Loan Association	6,779.48
U. S. Treasury Bonds (Maturity Value $2,300.00)—At Cost—Schedule 1	1,662.00
	$ 39,382.74

SURPLUS

Surplus:		
Appropriated Surplus		
Reserve for Library and History Committee		$ 1,600.00
Surplus Available for Appropriation		
Balance, May 31, 1962	$ 28,537.83	
ADD:		
Receipts in Excess of Disbursements (Exhibit A-1)	9,244.91	
Balance, May 31, 1963		37,782.74
		$ 39,382.74

Exhibit A-1

ANALYSIS OF CHANGE IN SURPLUS
For the Fiscal Year Ended May 31, 1963

Revenue Receipts for 1962-63		$ 85,927.29
Expenditure Disbursements:		
Total Disbursements	$ 77,126.99	
LESS: Non-Expense Payments Transfer of Funds	444.61	
Net Expenditures		76,682.38
Receipts Over Expenditures (Exhibit A)		$ 9,244.91

Exhibit B

STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL FUND

For the Year Ended May 31, 1963

Bank Balance, June 1, 1962			$ 17,470.38
Receipts:			
Dues		$ 74,400.00	
Annual Session		7,420.10	
Journal		3,477.22	
Expense Reimbursements		113.36	
Savings and Loan Dividends		444.61	
Sales—Dental Formulary		72.00	85,927.29
			$103,397.67
Disbursements:			
Dues Remitted:			
American Dental Association	$ 31,543.50		
A.D.A. Relief Fund	1,189.00		
First District	1,331.00		
Second District	1,335.00		
Third District	1,230.00		
Fourth District	850.00		
Fifth District	560.00		
Refunds	31.50	$ 38,070.00	
Administrative Expenses:			
Salary—Executive Secretary	$ 8,600.08		
Assistant	3,840.00		
Other	1,140.00		
Social Security	374.04		
Office Rent	1,500.00		
Utilities	477.77		
Office Supplies	758.35		
Travel—Executive Secretary	1,267.63		
Telephone	544.10		
Postage	629.00		
Insurance	219.47		
Clipping Service	120.00		
Repairs and Maintenance	247.25		
Miscellaneous	12.50	19,730.19	
Publications:			
Journal	$ 4,345.87		
Transactions and Directory	2,028.57		
Newsletter	357.00	6,731.44	
Committees:			
Children's Dental Health	$ 475.04		
Dental Health and Information	160.00		
Library and History	146.89		
Dental Formulary (fillers)	320.00	1,101.93	

Annual Session (Schedule 2)		$ 6,878.96	$
Legal Counsel		1,448.99	
Other:			
Dental Foundation	$ 90.00		
Bank Charges	3.30		
Audit	150.00		
District Officers Conference	130.39		
Memberships	23.00		
City and County Taxes	63.57		
Re-invested Dividends	444.61		
Miscellaneous	325.77		
Office Furniture & Equipment	1,679.91		
Printing Constitution and By-Laws	254.93	3,165.48	
Total Disbursements			$ 77,126.99
Bank Balance—May 31, 1963 (To Exhibit A)			$ 26,270.68

Schedule 1

U. S. TREASURY BONDS—GENERAL FUND

May 31, 1963

Serial Number	Date Acquired	Cost	Maturity Value	Maturity Date
C40545J	Jan. 54	$ 74.00	$ 100.00	Jan. 66
C40546J	Jan. 54	74.00	100.00	Jan. 66
C40547J	Jan. 54	74.00	100.00	Jan. 66
Q22367J	Jan. 56	18.00	25.00	Jan. 68
C168915J	Jan. 56	72.00	100.00	Jan. 68
C168916J	Jan. 56	72.00	100.00	Jan. 68
C168917J	Jan. 56	72.00	100.00	Jan. 68
Q60612J	Nov. 56	18.00	25.00	Nov. 68
Q60613J	Nov. 56	18.00	25.00	Nov. 68
Q60614J	Nov. 56	18.00	25.00	Nov. 68
C169985J	Nov. 56	72.00	100.00	Nov. 68
D22068J	Nov. 56	360.00	500.00	Nov. 68
M178508J	Nov. 56	720.00	1,000.00	Nov. 68
		$1,662.00	$2,300.00	

(Exhibit A)

Schedule 2

1963 ANNUAL SESSION EXPENSES

Arrangements Committee:		
Stenotypist	$ 692.42	
January Meeting	69.35	
Registration	319.07	
Miscellaneous Supplies	22.60	
Transportation—gratuities, meals, insurance	195.07	
Presentations	9.53	
Programs	295.10	
Sound System	157.50	
Projectionist and Projector Rental	46.00	
Telegrams	7.16	
Staff—Hotel Expense	194.85	
Housing	111.29	$ 2,119.94
Exhibits Committee:		
Prizes	$ 313.82	
Refunds	195.00	
Social Hour	187.40	
Exhibit Space	500.00	
Decorator	846.50	
Scientific Exhibits	9.00	
Printing	17.88	2,069.60
Entertainment Committee:		
Dance	$ 390.00	
Speaker	186.20	
Banquet	15.45	
Organist	50.00	
Flowers	55.03	696.68
Necrology Committee		81.18
Program Committee		1,348.27
Hospitality Committee		177.90
Publicity		199.68
Sports Committee		62.84
Clinic Committee		4.64
House of Delegates		107.73
Visual Education Committee		10.50
Total Annual Session Expense		$ 6,878.96

Exhibit C

BALANCE SHEET—RELIEF FUND

May 31, 1963

ASSETS

Cash in Bank—(Exhibit D)	$ 4,129.97
First-Citizens Bank & Trust Co.—Savings Account	3,054.33
Investment—First Federal Savings and Loan Association Durham, North Carolina	8,284.29
U. S. Treasury Bonds—Series F—Maturity Value $9,825.00—at cost—(Schedule 3)	7,185.00
	$ 22,653.59

LIABILITIES

Fund Balance		$ 19,993.82
June 1, 1962 Balance		
ADD: Receipts in Excess of Expense Disbursements (Exhibit D)	$ 4,879.77	
LESS: Cost of Matured U. S. Bonds	2,220.00	2,659.77
May 31, 1963 Balance		$ 22,653.59

Exhibit D

RELIEF FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

For the Fiscal Year Ended May 31, 1963

June 1, 1962—Balance—North Carolina National Bank		$ 2,626.22
Receipts:		
Scrap Amalgam	$ 1,987.50	
A.D.A. Share Christmas Seal Receipts	1,037.50	
A.D.A. Bonus	518.75	
Savings and Loan Dividends	321.69	
Bank Savings Interest	54.33	
U. S. Bonds Matured	3,000.00	
	$ 6,919.77	
Disbursements:		
A.D.A. Special Relief Fund	$ 2,040.00	
Receipts in Excess of Expense Disbursements (Exhibit C)		4,879.77
		$ 7,505.99
Funds Transferred: Savings and Loan and Bank Savings Accounts		3,376.02
May 31, 1963—Balance—North Carolina National Bank (Exhibit C)		$ 4,129.97

Schedule 3

U. S. TREASURY BONDS—RELIEF FUND

May 31, 1963

Serial Number	Date Acquired	Cost	Maturity Value	Maturity Date
V11338J	Jan. 54	$3,700.00	$5,000.00	Jan. 66
D18386J	Jan. 54	370.00	500.00	Jan. 66
Q17164J	Jan. 54	18.50	25.00	Jan. 66
Q17165J	Jan. 54	18.50	25.00	Jan. 66
M173548J	May 55	720.00	1,000.00	May 67
C153116J	May 55	72.00	100.00	May 67
C153117J	May 55	72.00	100.00	May 67
C153118J	May 55	72.00	100.00	May 67
C153119J	May 55	72.00	100.00	May 67
M198562J	Dec. 55	720.00	1,000.00	Dec. 67
C206330J	Dec. 55	72.00	100.00	Dec. 67
C206331J	Dec. 55	72.00	100.00	Dec. 67
C206332J	Dec. 55	72.00	100.00	Dec. 67
Q73231J	Dec. 55	18.00	25.00	Dec. 67
Q73232J	Dec. 55	18.00	25.00	Dec. 67
Q73233J	Dec. 55	18.00	25.00	Dec. 67
D22067J	Nov. 56	360.00	500.00	Nov. 68
M178507J	Nov. 56	720.00	1,000.00	Nov. 68
		$7,185.00	$9,825.00	

Exhibit E

BALANCE SHEET—DEVELOPMENT FUND

May 31, 1963

ASSETS

Savings Account—First Federal Savings and Loan Association	$ 3,990.01

LIABILITIES

Fund Balance—For Permanent Improvements	
June 1, 1962, Balance	$ 3,835.07
ADD: Receipts over Disbursements for the year	154.94
May 31, 1963, Balance	$ 3,990.01

Exhibit F

RECEIPTS AND DISBURSEMENTS—DEVELOPMENT FUND

For the Year Ended May 31, 1963

June 1, 1962—Balance, First Federal Savings and Loan Association, Durham, N. C.	$ 3,835.07
Receipts:	
Dividend Received—Savings and Loan Account	154.94
	$ 3,990.01
Disbursements:	None
May 31, 1963—Balance—First Federal Savings and Loan Association, Durham, N. C.	$ 3,990.01

Exhibit G

CAPITAL FUND

BALANCE SHEET

May 31, 1963

ASSETS

Furniture and Equipment—at cost		$ 8,744.84

SURPLUS

Surplus Not Available—Invested in Fixed Assets

Balance—May 31, 1962		$ 7,794.93
ADD: Purchases in 1962-63 by General Fund		
Gestetner Duplicator, Model 360, #5B2893	$ 725.00	
Prima Adding Machine, #342191	126.02	
Underwood Scriptor Electric Typewriter TW13-8947746P	300.00	
Underwood Forum Electric Typewriter TW13-9055830P	477.39	
Penco Shelving Unit, Gray, 39″ x 42″ x 24″	51.50	1,679.91
		$ 9,474.84
LESS: Assets Traded		
Gestetner Duplicator, Model 260, #581057	$ 650.00	
Gestetner Slipsheeter #4415	55.00	
Royal Typewriter, KHM #180695	25.00	730.00
Balance—May 31, 1963		$ 8,744.84

Report of the Executive Secretary

Andrew M. Cunningham
Raleigh

Pursuant to Article XV of the Bylaws, I am submitting my eighth annual report to the Executive Committee and the House of Delegates as your Executive Secretary.

Central Office: As executive head of the Central Office I have endeavored to operate it as efficiently and economically as possible. When the office was first opened in 1955 one full-time secretary was employed in addition to the Executive Secretary. With each succeeding year the work-load has increased and it has been necessary to employ a part-time secretary. To the best of our ability we have tried to realize the full potential of service to the officers and members with a limited staff.

During the calendar year 1962, the Central Office received 4,655 pieces of mail. Outgoing correspondence totalled 10,344 pieces. This did not include 5,688 *Journals* (4 issues) and 8,844 *Newsletters* (7 issues).

The mail count in 1963 will probably mount even higher. In the first three months of this calendar year, 1,542 communications have been received and outgoing mail has totalled 4,010 pieces, plus 1,453 *Journals* (1 issue) and 2,568 *Newsletters* (2 issues).

Not only does this rising mail count add to the work-load of the office, but recent postal rate increases, including bulk rates, will make this item an ever-increasing budgetary expense in succeeding years.

Committee Work: One of the important responsibilities of the Executive Secretary is to coordinate the activities of the several committees. During the present administration there are 20 Special Committees in addition to the 16 Standing Committees required by the Bylaws, for a total of 36 committees. Almost all the committees were active this year to some degree. Every effort was made to prevent over-lapping of duties and responsibilities among these 36 committees. The task was difficult and time-consuming, albeit worthwhile and necessary for the proper administration of the policies of the Society and the directives of the House of Delegates.

Assistance to Executive Committee and Officers: The Executive Secretary is responsible directly to the Executive Committee. Under its direction I have rendered all services requested of me and have tried to assist this committee and the officers in every way possible.

The Executive Committee has held 6 meetings to date during this administrative year, and I have been present at all of them. I have assisted the Secretary-Treasurer in recording and publishing the minutes of all meetings.

It has been my privilege, also, to assist the President and the Chairman of the Executive Committee, that they might be relieved of as many routine administrative duties as possible.

Annual Session: Your Executive Secretary has worked with the General Chairman of the Annual Session and the several committees under his supervision in planning and working out the program details for the 107th Annual Session.

One of my major responsibilities in connection with the Annual Session each year is the selling of commercial exhibit space. This, incidentally, is a year-round job. Six exhibit spaces were added to the floor-plan for 1963, making a total of 85 spaces offered for sale. I am pleased to report that all 85 have been sold and will produce a total revenue of $7,225.

Publications: As Managing Editor of the *Journal,* I have been responsible for the business management of the quarterly publication, including contracts with the printer and advertisers.

Revenue for paid advertising in the September 1962, January 1963, and April 1963 issues grossed $3,812.50.

It is of interest that since 1955, when the responsibility of managing the business affairs of the *Journal* was assigned to the Central Office, all monies due for advertising have been collected, except $45.15. The largest part of this loss was due to a declaration of bankruptcy by an advertising agency. In this instance a settlement for 35 per cent of the amount due was negotiated.

Other duties which the Central Office has performed in the publication of the *Journal* are: editing and preparing all copy for the printer; writing of General News items; proofing the galleys; making the page-by-page paste-up of each issue; and mailing.

Seven regular issues of the *Newsletter* were prepared and mailed to the membership in 1962 by the Central Office. A special issue of the *Newsletter* was published for the 1962 Annual Session.

Meetings and Conferences: During the first nine months of this administrative year, meetings and conferences attended by your Executive Secretary have been:

4 Out-of-state meetings
13 Committee meetings
14 Conferences with officers and committee chairmen
3 Local Society meetings
12 Meetings with other associations and agencies
5 District meetings

District Officers' Conference: In cooperation with the officers of the Conference, your Executive Secretary assisted in planning and directing the 10th Annual District Officers' Conference in Pinehurst, December 8-9, 1962. Thirty-eight district and state officers and guests attended the two-day meeting.

Expression of Appreciation: It has been a rewarding experience to work with this year's administrative officers and committees. I hope I have been of real service. I shall cherish and long remember the many gracious ways in which you have expressed your appreciation for my efforts in behalf of the Society.

My thanks go also to my Secretary, Miss Riddle. Without her, many things mentioned in this report could not have been accomplished.

Action by House of Delegates: Received for information May 5, 1963

Minutes of Executive Committee

DARDEN J. EURE, D.D.S.
Chairman
Morehead City

MAY 9, 1962

JUNE 30, 1962

SEPTEMBER 16, 1962

DECEMBER 8, 1962

JANUARY 12, 1963

JANUARY 13, 1963

MAY 4, 1963

THE CAROLINA, PINEHURST, NORTH CAROLINA

May 9, 1962

Call to Order: The Executive Committee convened in the Crystal Room of The Carolina, Pinehurst, North Carolina, Wednesday, May 9, 1962. President E. D. Baker called the meeting to order at 12:35 p.m. and led in prayer.

Roll Call: Members of the Executive Committee present were: Drs. Darden J. Eure, Chairman; Edgar D. Baker, President; S. Byron Towler, President-Elect; Dennis S. Cook, Secretary-Treasurer; George S. Alexander, Vice President; T. G. Collins, Norman F. Ross, and Pearce Roberts, Jr.

Others present were: Dr. C. C. Diercks, Editor-Publisher; Mr. Andrew M. Cunningham, Executive Secretary and Miss Mira Riddle, Central Office Secretary.

Introduction of New Members: Dr. Baker presented Dr. Darden J. Eure, Chairman of the Committee for 1962-63. He welcomed Dr. George S. Alexander, newly elected Vice President and Dr. Thomas G. Collins the new member of the Executive Committee. He noted that Dr. S. Byron Towler had been elected President-Elect and Dr. Dennis S. Cook had been elected Secretary-Treasurer.

Dr. Baker then turned over the gavel to Dr. Eure who presided for the remainder of the meeting.

Appointment of Editor-Publisher: Dr. Roberts commended Dr. C. C. Diercks for his services as Editor-Publisher during the past several years and moved that he be re-appointed to this post for 1962-63. Dr. Baker seconded the motion and it was carried.

Dr. Diercks expressed his appreciation for this recognition. He stated, however, that for personal reasons he could not accept the responsibility for the full year. He agreed to remain as Editor-Publisher through the September 1962 issue of the JOURNAL.

Dr. Roberts moved, Dr. Baker seconded, that a committee be appointed to find a successor to Dr. Diercks. It was duly carried.

Dr. Eure appointed the following committee to work with him and Dr. Diercks: Dr. Collins, Chairman and Dr. Cook.

Appointment of Executive Secretary: Dr. Ross thanked Mr. Cunningham for his services as Executive Secretary for the past seven years and moved that he be re-appointed for the year 1962-63 at an increase of $300.00 in annual salary. Also, that a committee be appointed to confer with Mr. Cunningham to determine how this increase could be applied to his best advantage and to recommend a schedule of future increments in salary and tenure of office. Dr. Baker seconded the motion and it was duly carried.

Dr. Eure appointed the following to the committee: Drs. Roberts, Chairman; Ross and Cook. Dr. Eure requested a report at the next Executive Committee meeting.

Report of Program Committee: A report from the Program Committee requested an appropriation of $1,350.00 for the 107th Annual Session and announced the following essayists had been secured for the meeting: Dr. Roy Lindahl of the UNC School of Dentistry, children's dentistry; Dr. Max Pleasure, New York City, prosthetic and geriatric dentistry; and Dr. S. S. Arnim, Houston, Texas, dental research. The Program Committee was commended for its selection of essayists and the report was received for information.

Dates for 1964 Annual Session: It was noted that the General Session on Monday, May 7 voted to hold the 1964 meeting in Pinehurst. Mr. Cunningham read a letter from The Carolina inviting the Society to meet at The Carolina May 10-13, 1964.

Dr. Towler moved, Dr. Roberts seconded that the dates of May 10-13, 1964 offered by The Carolina be accepted. The motion was carried.

Out-of-State Travel for Executive Secretary: On motion by Dr. Roberts, seconded by Dr. Towler, the Executive Secretary was authorized to attend the Secretaries' Management Conference in Chicago, June 4-6, 1962 at the expense of the Society. The motion was carried.

Next Meeting: Dr. Baker invited the Executive Committee to hold its next meeting at his home in Raleigh.

Dr. Roberts moved, Dr. Alexander seconded, that the gracious invitation of the President be accepted with thanks and that the meeting be held on June 23. The motion was carried.

Appointment of Budget Committee: Dr. Eure announced the following appointments to the Budget Committee: Dr. Towler, Chairman; Dr. Collins and Dr. Baker. The committee was requested to submit a proposed 1962-63 budget at the next meeting.

Use of Legal Counsel Restricted: Dr. Roberts moved that until the next meeting of the Executive Committee legal counsel be restricted to the Executive Committee unless approval be given by the Chairman of the Executive Committee and/or the President. Dr. Ross seconded the motion and it was carried.

Adjournment: On motion by Dr. Roberts, seconded by Dr. Towler, the meeting was adjourned at 1:40 p.m.

Dennis S. Cook, D.D.S.
Secretary-Treasurer

Read and approved: June 30, 1962

RALEIGH, NORTH CAROLINA

June 30, 1962

Call to Order: The Executive Committee convened at the home of President and Mrs. E. D. Baker, Raleigh, North Carolina, Saturday, June 30, 1962. Dr. Darden J. Eure, Chairman, called the meeting to order at 8:45 p.m. Dr. E. D. Baker led in prayer.

Roll Call: Members of the Executive Committee present were: Doctors Darden J. Eure, Chairman; E. D. Baker, Dennis S. Cook, Norman F. Ross, Thomas G. Collins and Pearce Roberts, Jr.

Others present were: Mr. R. C. Howison, Jr., Legal Counsel; Mr. Andrew M. Cunningham, Executive Secretary and Miss Mira Riddle, Central Office Secretary.

Report of Legal Counsel: Mr. Robert C. Howison, Jr., Legal Counsel, brought the committee up-to-date on the status of the complaint of Dr. Hawkins against the Society. He stated that a simple interrogatory had been submitted to Dr. Hawkins June 29 and that it was anticipated that a pre-trial conference on the litigation would be called by the Judge in September.

Mr. Howison reported that he had studied the provisions of the sales and use tax law pertaining to application of the sales tax to the sale of dental equipment to dentists. It was his opinion that no relief could be expected under the present law and that consideration should be given to seeking amendments to the law at the next General Assembly. He said that he had arranged an appointment with the Commissioner of Revenue in regard to the matter and he would report the results of his conference to Dr. Baker and Dr. Towler at the earliest opportunity.

Use of Legal Counsel Restricted: It was noted that the Executive Committee at its May 9 meeting adopted an interim policy until the next meeting of restricting the use of legal counsel to the Executive Committee unless approval be given by the Chairman of the Executive Committee and/or the President.

On motion by Dr. Roberts, seconded by Dr. Ross and duly carried this restrictive policy on the use of legal counsel was extended on a permanent basis.

Presence of Legal Counsel Requested at January Meeting: On motion by Dr. Roberts, seconded by Dr. Collins, and duly carried, legal counsel was requested to meet with the Executive Committee at its January 1963 meeting.

Approval of Minutes: On motion by Dr. Ross, seconded by Dr. Baker and duly carried, the minutes of May 5, 1962 and May 9, 1962, as previously distributed to the committee in mimeographed form were approved.

Approval of Audit of 1961-62: The auditor's report of the Secretary-Treasurer's accounts for the fiscal year 1961-62 was approved on motion by Dr. Cook, seconded by Dr. Collins, and duly carried.

Report of Special Committee on Remuneration for Executive Secretary: Dr. Roberts reported that he had investigated the salaries and fringe benefits offered by several industries to executive personnel and to executive secretaries by other professional associations. He requested that his committee be allowed to study the matter further before making specific recommendations on the remuneration of the Executive Secretary.

Dr. Roberts moved that the $300.00 increase in the Executive Secretary's salary authorized by the Executive Committee at its May 9 meeting be applied directly on the regular salary for the fiscal year 1962-63 until the committee could offer fringe benefit alternatives acceptable to the Executive Secretary. Dr. Ross seconded the motion and it was carried.

Report of Budget Committee: A proposed budget for 1962-63 was submitted by the Budget Committee. On motion by Dr. Collins, seconded by Dr. Roberts, and duly carried, the budget was approved. A copy is attached to these minutes.

Travel Reimbursement for Executive Secretary: Dr. Eure noted that currently the Executive Secretary was authorized a reimbursement of 7¢ per mile for use of his automobile on official business of the Society. Dr. Collins moved that this be increased to 10¢ per mile. The motion was seconded by Dr. Baker and duly carried.

Report of Special Committee on Editor-Publisher: Dr. Collins reported that his committee had no specific recommendations at this time for a successor to the present Editor-Publisher. He said that the committee would continue its survey of the membership for potential candidates and indicated the committee might be ready to submit names for the consideration of the Executive Committee at its next meeting.

Association of Professions: Dr. Baker reported that he had met with a committee of representatives of medicine, architecture and engineering concerning the establishment of an Association of Professions in this state. He stated that he had been requested to appoint three representatives of the Society to meet with this steering committee in the future.

Dr. Ross moved, Dr. Cook seconded and it was duly carried, that the President be authorized to appoint three representatives of the Society to meet with the other professions in exploring the possibility of establishing an Association of Professions in North Carolina.

Appointment of ADA Delegate: Dr. Eure reminded the committee that the Society had lost a real friend in the passing of Dr. R. Fred Hunt and that Dr. Hunt at the time of his death was a Delegate to the ADA of the Class of 1963. Dr. Eure then asked for nominations to fill Dr. Hunt's unexpired term.

Dr. Cook nominated Dr. Paul E. Jones to fill the unexpired term of Dr. R. Fred Hunt as a Delegate to the ADA. There were no further nominations and Dr. Jones was elected unanimously.

Candidacy of Dr. Frank O. Alford for ADA Vice President: Dr. Eure noted that the 1962 House of Delegates endorsed Dr. Frank O. Alford for Second Vice President of the American Dental Association. Dr. Cook stated that in view of this endorsement by the House of Delegates, the expenses of preparing and mailing of material in support of Dr. Alford be borne by the Society.

Dr. Roberts moved that the Secretary-Treasurer be authorized to pay from Society funds the expenses incurred by the Central Office in preparing and mailing of letters in support of Dr. Alford as a candidate for Second Vice President of the ADA. Dr. Baker seconded the motion and it was carried.

Policy on Expense Reimbursements: Mr. Cunningham explained that when the Central Office did mimeograph work and furnished clerical assistance for the districts and auxiliary, a charge for cost of materials only was made. He stated that the Central Office was receiving more and more requests for this type of work and that often it required the hiring of extra help. He suggested that in fairness to all concerned, the Central Office should be authorized to include minimal labor charges for this work in the future.

Dr. Roberts moved that minimal labor costs in addition to cost of materials be included in charges by the Central Office for mimeograph work and clerical assistance performed for the districts and the auxiliary. Dr. Collins seconded the motion and it was carried.

School Health Co-ordinating Service: Dr. Baker called attention to the resolution submitted to the 1962 House of Delegates by the Onslow County Dental Society pointing out that 46 per cent of all school age children in North Carolina were eligible for dental care under the School Health Co-ordinating Service. The resolution maintained that this many school children in the state are not in need of care under a government financed program and asked that a complete study of the

situation be made and the necessary steps be taken to correct any inequities in the program.

Dr. Baker stated that he had inquired into the matter and had found that the present "means test" for determining eligibility for medical and dental care under the program was so high that 57 per cent of school age children were eligible for these services as welfare patients.

Dr. Roberts moved that the President be directed to appoint a committee to investigate and study the current policies of the School Health Co-ordinating Service, especially in regard to the standards used in determining eligibility of school age children for benefits under the program. Dr. Ross seconded the motion and it was carried.

Next Meeting: It was moved by Dr. Roberts that the next meeting be held in Charlotte, Sunday, September 16, during the annual meeting of the Second District Dental Society. Dr. Cook seconded the motion and it was carried.

It was stipulated that if it were not possible to schedule the meeting without conflict with any of the scientific sessions, then the Executive Committee would meet next during the annual session of the First District in Asheville, September 29-October 1.

Report on Dental Technician Training Program: Dr. Ross reported that the Committee of Consultants to the Dental Training Program at the Industrial Education Center in Durham had made real progress and that the program would be initiated in September 1962. He said the committee had received applications from seven prospective instructors and was now in the process of interviewing them. He indicated that the committee would announce its selection shortly.

Cancer Detection Program: Dr. Baker read a communication from Dr. E. A. Pearson, Jr., advising that the Division of Oral Hygiene and the UNC School of Dentistry would jointly sponsor a state-wide education program for dentists on oral cancer detection and requesting the support of the Society in promoting the program.

The committee instructed the President to advise Dr. Pearson that the Society was entirely in sympathy with the program and would encourage its member dentists to participate in it.

Insurance Consultant Suggested: Dr. Eure read a letter from Dr. Riley E. Spoon, Jr. recommending an insurance consultant. The letter was referred to the Insurance Committee.

North Carolina Tercentenary: Dr.Eure read a communication from the North Carolina Charter Tercentenary Commission announcing its plans for the celebration of the 300th anniversary of North Carolina in 1963 and asking the Society for its cooperation in promotion of the celebration. Dr. Eure suggested the letter be received for information and that the Society fall in line and participate in the celebration when the proper time comes.

Kerr-Mills Legislation: Dr. Baker stated that Dr. Diercks had called him expressing his regrets that circumstances would not allow him to attend the meeting. He suggested that the Executive Committee should consider ways and means of publicizing the advantages of the Kerr-Mills legislation. The matter was deferred until Dr. Diercks could meet with the committee.

Opposition to King-Anderson Bill: Dr. Cook reported that copies of the resolution of the 1962 House of Delegates opposing the King-Anderson Bill had been sent to members of the North Carolina delegation in Congress. Also, Dr. Cook said he had written a personal letter to all Congressmen in opposition to the bill. He stated that he had received answers from each of the Congressmen thanking him for advising them of the position of the Society in this legislation and stating that this information would be seriously considered when the legislation was presented to Congress for vote.

Expression of Thanks: Dr. Eure extended the thanks of the committee to Mr. Howison for his presence and to Mr. Cunningham and Miss Riddle for their contributions to the meeting.

In behalf of the Committee he expressed grateful appreciation to President and Mrs. Baker for their gracious hospitality in entertaining the committee, for the bounteous meal served to the members and their wives, and the good fellowship enjoyed by everyone in their lovely home.

Adjournment: On motion by Dr. Roberts, seconded by Dr. Collins, and duly carried, the meeting was adjourned at 11:50 p.m.

DENNIS S. COOK, D.D.S.
Secretary-Treasurer

Read and approved: September 16, 1962

BUDGET 1962-63
Adopted June 30, 1962

ESTIMATED INCOME			
Dues		$36,225.00	
JOURNAL		3,500.00	
Annual Session		7,225.00	$46,950.00
BUDGETED EXPENSE			
Administrative Expense			
Salaries & S. S. Taxes	$14,100.00		
Office Rent	1,500.00		
Utilities	600.00		
Office Supplies	1,000.00		
Repairs & Maintenance	350.00		
Telephone	800.00		
Postage	800.00		
Travel	1,500.00		
Insurance	250.00		
Clipping Service	150.00		
Miscellaneous	50.00	$21,100.00	
Annual Session		7,000.00	
Publications			
JOURNAL	$ 4,200.00		
Transactions (including Directory)	2,000.00		
Newsletter	350.00		
Committees			
Children's Dental Health	$ 500.00		
Council on Dental Health & Information	200.00		
Dental Formulary	300.00		
Other	700.00	1,700.00	
Furniture & Equipment		1,725.00	
Legal Counsel		5,000.00	
Miscellaneous			
Printing C & Bylaws	$ 500.00		
Dental Foundation	150.00		
Bank & Audit	175.00		
D. O. C.	150.00		
Memberships	50.00		
City & County Taxes	75.00		
Other	100.00	1,200.00	
Contingency Fund		2,675.00	
		$46,950.00	$46,950.00

CHARLOTTE, NORTH CAROLINA

September 16, 1962

Call to Order: The Executive Committee convened at the Queen Charlotte Hotel, Charlotte, North Carolina, Sunday, September 16, 1962. Dr. Darden J. Eure, Chairman, called the meeting to order at 2:05 p.m. and led in prayer.

Roll Call: Members of the Executive Committee present were: Doctors Darden J. Eure, Chairman; S. B. Towler, George S. Alexander, T. G. Collins, E. D. Baker, Norman F. Ross and Pearce Roberts, Jr.

Dr. Eure read a letter from Dr. Dennis S. Cook expressing his regret that unexpected personal commitments would prevent his attendance at the meeting.

Others present were: Dr. C. C. Diercks, Editor-Publisher; Dr. W. W. Rankin, Chairman of the Insurance Committee; Mr. Andrew M. Cunningham, Executive Secretary; and Miss Mira Riddle, Central Office Secretary.

Approval of Minutes: On motion by Dr. Baker, seconded by Dr. Towler and duly carried the minutes of June 30, 1962, as previously distributed to the committee in mimeograph form were approved.

Secretary-Treasurer's Report: The report of the Secretary-Treasurer, dated September 1, 1962 was received for information.

It was noted that three one-thousand dollar U. S. Government Bonds in the Relief Fund matured in August 1962.

On motion by Dr. Collins, seconded by Dr. Alexander, and duly carried, the Secretary-Treasurer was instructed to cash the bonds and deposit the proceeds in a savings account in a commercial bank.

Report of Insurance Committee: Dr. W. W. Rankin, Chairman of the Insurance Committee, reported that the Insurance Committee had approved and recommended that the following endorsements to the Group Accident and Health Policy administered by J. L. Crumpton, be offered to the membership:

1. Increase of indemnity from $150.00 to $250.00 weekly.
2. Sickness indemnity available from inception of disability to age 65. (At present sickness indemnity is only available for 7 years.)
3. A completely new policy available at age 70, which can be carried as long as the insured is in practice regardless of age.

Dr. Rankin also reported that the Insurance Committee had decided to ask Mr. Crumpton to act as an advisor to the Committee in developing a well-rounded program for the membership.

On motion by Dr. Collins, seconded by Dr. Ross and duly carried, the Report of the Insurance Committee was approved.

President's Emblems: Mr. Cunningham advised that the supply of President's Emblems had been reduced to three. In order to assure an adequate supply for future years, Dr. Roberts moved that the Secretary-Treasurer be authorized to purchase twelve emblems. The cost is to be charged to the General Fund Contingency Fund. Dr. Towler seconded the motion and it was carried.

Association of Professions: Dr. Towler presented the Bylaws proposed by the steering committee for the establishment of an Association of Professions. He stated that representatives of several professions were represented on the committee.

Several provisions of the proposed Bylaws were questioned including dues for member organizations and support of legislation by the Association. Dr. Towler was requested to continue to cooperate with the steering committee in perfecting its organization and to submit a progress report at the next meeting of the Executive Committee.

On motion by Dr. Baker, seconded by Dr. Collins and duly carried, Dr. Towler's report and the proposed Bylaws of the Association of Professions were received for information.

Annual Session: Dr. Roberts moved that the Exhibits Committee consider opening commercial exhibits on Sunday afternoon and closing them at 5:00 p.m. Tuesday during the Annual Session. Dr. Alexander seconded the motion and it was carried.

Dr. Alexander moved that the Arrangements Committee consider eliminating a "preferred list" for housing at the Annual Session. Dr. Towler seconded the motion and it was carried.

Nursing Home Advisory Council: Dr. Collins moved that the President be authorized at his discretion to recommend to the Nursing Home Advisory Council a nominee to serve as the dental member of the Council. Dr. Ross seconded the motion and it was carried.

Out-of-State Travel for Executive Secretary: On motion by Dr. Roberts, seconded by Dr. Alexander and duly carried the Executive Secretary was authorized to attend the ADA meeting in Miami Beach, October 29-November 1 at the Society's expense.

Occupational Licensing Boards: Dr. Baker reported that he had attended a hearing August 17 before the Commission on Reorganization of State Government in opposition to a proposal to establish an agency to supervise all occupational licensing boards. Members of the Board of Dental Examiners and several dentists were at the hearing, Dr. Baker reported.

In his testimony to the Commission Dr. Baker said he pointed out that through the years the Board of Examiners had consistently acted in the best interest of all the people of North Carolina and not just in the interest of the profession itself. Further, he cited the leadership of the dental profession in fluoridation, mouthguard programs and recruiting of qualified young people for careers in dental health as examples which indicated that selfish thinking is not typical of the dental profession.

Dr. Baker said the Commission adjourned without taking action and indicated it would meet later to decide on the matter.

Medical Care Commission: Dr. Baker reported he had received a letter from Governor Sanford, dated July 19, requesting a nominee to fill the vacancy on the North Carolina Medical Care Commission created by the resignation of Dr. H. Royster Chamblee.

Dr. Baker stated he replied to the Governor on July 26, and advised him that the Society would not nominate a successor to Dr. Chamblee because it was the policy of the Society to refrain from exercising any statutory powers or duties which it may have of selection of members of governmental boards or agencies when approval or selection by the Society is required by statute.

Adjournment Time Set: Dr. Ross moved that the meeting be adjourned at 5:00 p.m. The motion was seconded by Dr. Collins and duly carried.

"Good Samaritan" Legislation: On motion by Dr. Ross, seconded by Dr. Alexander and duly carried, the Legislative Committee was authorized to seek "Good Samaritan" legislation at the next General Assembly to protect dentists rendering emergency treatment in the event of accidents or common disasters.

Sales and Use Tax Law: Mr. Cunningham reported that subsequent to the June 30 meeting of the Executive Committee Mr. R. C. Howison, Jr., legal counsel, had conferred with Revenue Commissioner W. A. Johnson relative to the provisions of the Sales and Use Tax Law which impose a 3 per cent tax on the sale of dental equipment to dentists. Mr. Howison stated that although the Revenue Commissioner was sym-

pathetic to the problem, he had no discretion to grant any relief to the dentists as the law is now written. It was Mr. Howison's opinion that the Revenue Commissioner's position is legally correct.

Committee on Editor-Publisher: Dr. Collins reported that his committee had expended every effort and followed every lead in its search for the Editor-Publisher to replace Dr. Diercks but no nominee was in sight at the moment.

Dr. Diercks indicated that he would be willing to carry on for a few more months. He stated that there were several problems in connection with the publications which he felt should be answered to make them more effective in the future and requested that a committee be appointed to come up with some answers.

On motion by Dr. Alexander, seconded by Dr. Towler and duly carried, the President was requested to consult with Dr. Diercks and appoint a committee to make a comprehensive study of the publications and submit their recommendations for making the publications more effective at the next meeting.

Commendation to Editor-Publisher: Dr. Collins moved that Dr. Diercks be commended for his splendid work, untiring efforts, and leadership as Editor-Publisher since 1959. Dr. Baker seconded the motion and it was carried.

Expenses of Editor-Publisher: On motion by Dr. Ross, seconded by Dr. Alexander and duly carried, the Secretary-Treasurer was authorized to reimburse the Editor-Publisher for expenses incurred up to $150.00 upon presentation of an itemized statement requesting payment.

Constitution and Bylaws: Mr. Cunningham reported that the Constitution and Bylaws containing all amendments and changes through May 1962 had been printed at a cost of $254.93 and were now available for distribution. It was noted that $500.00 had been budgeted for this purpose and that the General Contingency Fund could be increased by the difference in budgeted cost and actual cost.

Next Meeting: Dr. Roberts moved that the next meeting of the Executive Committee be held in Pinehurst at The Carolina on Saturday, January 12, 1963; that the joint meeting with the Annual Session Committee be held the following day, Sunday, January 13, 1963; and that in the event of inclement weather, the meetings be held the following week end, January 19-20, 1963. Dr. Towler seconded the motion and it was carried.

School Health Co-ordinating Service: Dr. Collins reported that the Committee on School Health Co-ordinating Service had met in the Central Office September 9, 1962 and had agreed to approach the proper state agency for a more realistic means test in determining those children eligible for dental care at state expense. He said that representatives of his committee had also met with a group from the Medical Society and that the latter was interested in cooperating with the dental profession in seeking a realistic adjustment of the means test.

Adjournment: On motion by Dr. Roberts, seconded by Dr. Alexander and duly carried, the meeting was adjourned at 4:40 p.m.

S. Byron Towler, D.D.S.
Secretary Pro Tem

Read and approved: January 12, 1963

PINEHURST, NORTH CAROLINA

December 8, 1962

Call to Order: The Executive Committee convened at The Carolina, Pinehurst, North Carolina, Saturday, December 8, 1962. Dr. Dar-

den J. Eure, Chairman, called the meeting to order at 4:15 p.m. and opened it with prayer.

Roll Call: Members of the Executive Committee present were Doctors Darden J. Eure, Chairman; S. B. Towler, G. S. Alexander, T. G. Collins, E. D. Baker, Norman F. Ross and Pearce Roberts, Jr.

Others present were: Dr. C. C. Diercks, Editor-Publisher; Mr. Hal M. Christensen, Washington Counsel, American Dental Association; and Mr. Andrew M. Cunningham, Executive Secretary.

Special Guest Welcomed: Dr. Eure welcomed Mr. Hal M. Christensen of Washington, D. C., legal counsel for the American Dental Association. Mr. Christensen was in Pinehurst to address the District Officers' Conference to be held in Pinehurst, December 8 and 9.

North Carolina Association of Professions: A communication from Mr. T. C. Cooke of Durham was presented inviting the North Carolina Dental Society to become a charter member of the proposed North Carolina Association of Professions which is to be incorporated December 15, 1962. Mr. Cooke is President of the organization for the purpose of incorporation.

It was moved by Dr. Ross that at this time the North Carolina Dental Society decline the invitation to become a charter member of the North Carolina Association of Professions, but that at a future date the matter of joining the Association be reconsidered. The motion was seconded by Dr. Collins and was carried.

New Orleans Conference: Dr. Baker read a communication from Dr. Harold Hillenbrand, Secretary of the American Dental Association, extending to the Society an invitation from President Gerald D. Timmons to send representatives to a conference in New Orleans, January 7, 1963, to discuss the position of the Association in regard "to the removal of conflicts with, or limitations on, the Constitution and Bylaws of the ADA as presently found in the constitutions and bylaws of some of the constituent and component societies." It was noted that 12 other Southern states had been also invited to send representatives.

President Timmons indicated that the conference was called "in view of the action taken by the 1962 House of Delegates" and its purpose was to "provide for full and free discussion of all factors which are involved in the possible conflict of bylaws between the Association and its constituents to the end that an equitable solution can be developed voluntarily which will redound to the benefit of the public and of the dental societies which are involved."

It was moved by Dr. Roberts and seconded by Dr. Alexander, that the Society send representatives to the New Orleans conference, January 7, 1963 and that the representatives be instructed to attend with an open mind, listen to, and question fully all proposals by the American Dental Association, and present a full report on the conference to the 1963 House of Delegates. The motion was carried.

On motion by Dr. Roberts, seconded by Dr. Ross and duly carried, the Executive Secretary was authorized to attend the New Orleans Conference and receive travel expenses therefor.

School Health Co-ordinating Service: Dr. Collins, Chairman, presented a report from the Advisory School Health Co-ordinating Service. He stated that his committee on November 18, 1962, met in Raleigh with the Medical Society's Committee on School Health and discussed all aspects of the administration of the School Health Program. Representatives of both groups were particularly concerned over the current means test, under which 57 per cent of all school children in North Carolina were now eligible for medical and dental care.

At the November 18 meeting the following resolution was passed:

> "After due consideration of the Joint Committee of the North Carolina Dental Society and the School Health Committee of the State Medical Society, the committee agreed that the existing

'Test of Need,' as utilized for the School Health Program, is good and adequate for certain major expense services. It was further agreed, however, that the income levels are too high for the ordinary, less expensive services.

"We, therefore, recommend and request consultation and coordination with the various state agencies and professional associations in the development of a graduated test of need which considers both family income and total cost of services in the determination of indigency."

Dr. Eure thanked Dr. Collins for his report on the progress made in this area, and the report was received for information.

Proposed Workshop on Dental Service Corporations: Mr. Cunningham reported that the North Carolina Dental Service Corporation Committee was considering the sponsoring of a Workshop on Dental Service Corporations in mid-February and that consultants from the U. S. Public Health Service would be available as speakers for the Workshop at no cost to the Society.

The report was received for information and it was suggested that a Workshop on Dental Service Corporations might be premature. It was further suggested that the consultants from the U. S. Public Health Service be requested to meet with the North Carolina Dental Service Corporation Committee in Pinehurst, Saturday, January 12, 1963, to explore the possibility of establishing a Dental Service Corporation in this state.

Relief Grants Increased: Mr. Cunningham read a report from Dr. J. T. Lasley, Chairman, Relief Committee. The report pointed out that since 1951 the cost of medical care had doubled and that the cost of living, other than medical care had increased 30 per cent or more. The report noted that the maximum grant had been $52.50 per month since 1951.

In view of rising cost of living and medical care, the Relief Committee recommended that maximum grants from the Society's Relief Fund be increased to $75.00 per month. It was stipulated that the $75.00 maximum would not necessarily be used, unless the need of the recipient actually warranted it.

On motion by Dr. Alexander, seconded by Dr. Towler, and duly carried, the Executive Committee authorized the Relief Committee to make grants up to a maximum of $75.00 per month.

Next Meeting: Dr. Eure reminded the members that the Executive Committee would meet in Pinehurst at 8:30 p.m. Saturday, January 12, 1963, and at 9:30 a.m. Sunday, January 13, 1963. The latter meeting will be held jointly with the Annual Session Committee.

Adjournment: The meeting was adjourned at 6:05 p.m. on motion by Dr. Roberts, seconded by Dr. Alexander and duly carried.

S. Byron Towler, D.D.S.
Secretary Pro Tem

Read and approved: January 12, 1963

THE CAROLINA, PINEHURST, NORTH CAROLINA

January 12, 1963

Call to Order: The Executive Committee convened at The Carolina, Pinehurst, North Carolina, Saturday, January 12, 1963. Dr. Darden J. Eure, Chairman, called the meeting to order at 9:05 p.m. Dr. Luther H. Butler led in prayer.

Roll Call: Members of the Executive Committee present were: Doctors Darden J. Eure, Chairman; Pearce Roberts, Jr., E. D. Baker, S. B. Towler, N. F. Ross, T. G. Collins and George S. Alexander.

Others present were: Mr. Andrew M. Cunningham, Executive Secretary and Miss Mira Riddle, Central Office Secretary.

Introduction of Visitors: Dr. Eure introduced and welcomed as visitors to the meeting: Dr. S. H. Isenhower, Chairman of the North Carolina Dental Service Corporation Committee; Dr. Luther H. Butler, Past President; and Dr. Charles H. Teague, former Vice President.

Information on Dental Service Corporations: Dr. Baker introduced Mr. Ferris Hoggard of the Division of Dental Public Health and Resources of the U. S. Public Health Service, and explained that Mr. Hoggard was in Pinehurst to meet with the North Carolina Dental Service Corporation Committee as a consultant on the possibility of establishing a Dental Service Corporation in North Carolina.

Mr. Hoggard briefed the Committee on the purposes of and the need for a dental service corporation. He advised that a dental service corporation should be established, even though no apparent market for its services existed. He described the preliminary steps in the planning and organizing of a dental service corporation as follows:

a. Establishing a policy regarding acceptability of pre-payment methods
b. Defining objectives and proposed method of operation
c. Determining the need and identifying the potential market
d. Investigating the legal requirements for incorporation
e. Providing for initial financing of activities
f. Establishing communications with membership for their information and guidance

He recommended that it would be in the best interest of organized dentistry and the public for the Society to take these preliminary steps without delay and incorporate but not activate (accept contracts) a dental service corporation in North Carolina. In the event demands for its services were presented, then the corporation would be prepared to negotiate and meet the demands adequately and effectively. Dr. Eure thanked Mr. Hoggard for the information on dental service corporations and expressed the gratitude of the Committee for rendering such a fine service.

Approval of Minutes: Dr. Ross moved that the minutes of September 16, 1962, and December 8, 1962, as previously distributed to the committee in mimeograph form be approved. Dr. Towler seconded the motion and it was carried.

Secretary-Treasurer's Report: The report of the Secretary-Treasurer, dated December 31, 1962, was received for information on motion by Dr. Collins, seconded by Dr. Alexander and duly carried.

Report of Legal Counsel: Dr. Eure noted that at its June 30 meeting the Executive Committee requested that legal counsel meet with the Executive Committee at its January 1963 meeting. He explained that Dr. Baker had conferred with Dr. Roberts, who made the motion at the June 30 meeting, and Mr. R. C. Howison, Jr., legal counsel. All agreed that in the interest of economy, the presence of legal counsel would not be required at the January meeting, and that a written report by legal counsel would suffice.

The report from Mr. R. C. Howison, Jr., legal counsel, was read by Mr. Cunningham. It covered the status of the Hawkins case, proposals for Society sponsored legislation in the 1963 General Assembly and efforts of the North Carolina Society of Oral Surgeons to correct the practice of Blue Shield agencies of refusing to pay dentists for oral procedures under their contracts, except by oral surgical endorsements.

It was noted that Mr. Howison had been employed by the North Carolina Society of Oral Surgeons with the knowledge of Dr. Baker, to represent the latter in its efforts to eliminate discriminatory practices by the Blue Shield agencies in the payment to dentists for oral surgical procedures.

Request from North Carolina Society of Oral Surgeons: A report from Dr. F. D. Bell, Chairman, Blue Shield-Blue Cross Committee of the North Carolina Society of Oral Surgeons advised that legal counsel had been

employed by the North Carolina Society of Oral Surgeons to seek payment to dentists by the Blue Shield agencies for oral surgical procedures. The North Carolina Society of Oral Surgeons requested the support of the North Carolina Dental Society in this effort.

Request from NCDS Blue Shield-Blue Cross Advisory Committee: A request from the Blue Shield-Blue Cross Advisory Committee of the North Carolina Dental Society asked for endorsement and financial support of the efforts of the North Carolina Society of Oral Surgeons in seeking relief from discriminatory practices by the Blue Shield agencies in the payment of oral surgical procedures. The report indicated that the North Carolina Society of Oral Surgeons would seek relief directly from the companies. If these negotiations failed, the matter would be brought before the Commissioner of Insurance. Should no relief be afforded by the Commissioner of Insurance, corrective legislation would be sought in the 1963 General Assembly.

Dr. Ross moved that the North Carolina Dental Society approve and support the efforts of the North Carolina Society of Oral Surgeons to secure the same coverage for dentists under the Blue Shield plans as exists for M.D.s, insofar as oral surgical procedures are concerned. Dr. Roberts seconded the motion and it was carried.

Dr. Roberts moved that the request of the Blue Cross-Blue Shield Advisory Committee for monetary support to the North Carolina Society of Oral Surgeons in its attempt to eliminate inequities by the Blue Shield agencies in their refusal to pay dentists for oral surgical procedures, except by oral surgical endorsements, be denied at the present time due to budgetary limitations. Dr. Collins seconded the motion and it was carried.

Official Society Representation at Conferences: Dr. Baker presented invitations to the Society to the following conferences: 14th National Dental Health Conference, April 22-24, Chicago and the Conference on Dental Service Corporations, April 21, Chicago, both sponsored by the ADA Council on Dental Health; 3rd National Conference of the Joint Council to Improve the Health Care of the Aged, May 2-4, San Francisco; and the 2nd Health Careers Congress, February 8-9, Durham, sponsored by the North Carolina Hospital Education and Research Foundation, Inc.

Dr. Baker stressed the importance of these conferences and asked for the assistance of the Executive Committee in suggesting Society representatives to attend. He noted that the Council on Dental Health and Information had requested the Durham-Orange County Dental Society to be responsible for arranging and manning an exhibit booth at the 2nd Health Careers Congress in Durham.

Dr. Roberts moved that the Executive Committee approve the action of the Council on Dental Health and Information in requesting the assistance of the Durham-Orange County Dental Society in providing an exhibit booth at the 2nd Health Careers Congress in Durham, February 8-9. Dr. Towler seconded the motion and it was carried.

Request from UNC School of Dentistry: Dr. Baker read a letter from Dr. John C. Brauer, Dean, UNC School of Dentistry, advising that the School of Dentistry was seeking information on the dental manpower potential in North Carolina. Dr. Brauer requested the co-operation and support of the North Carolina Dental Society in a proposed survey of the members of the North Carolina Dental Society by the School of Dentistry on the dental manpower question.

Dr. Roberts moved that the Executive Committee endorse the proposed dental manpower survey by the UNC School of Dentistry. Dr. Collins seconded the motion and it was carried.

Insurance Claim of Dr. James H. Love: The Executive Committee was advised that Dr. James H. Love of Black Mountain had alleged that payments had been refused on a proper claim filed by him under the Society's group Major Hospital and Surgical Expense Policy. Dr. Baker informed the Executive Committee that he had referred the matter to the Insurance Committee for full investigation.

Dr. Collins moved that the Executive Committee endorse Dr. Baker's referral of the allegations of Dr. James H. Love to the Insurance Committee for investigation. Dr. Towler seconded the motion and it was carried.

Membership of Dr. William E. Creighton: Mr. Cunningham read communications from the ADA, the Oregon State Dental Association and the Third District Dental Society pertaining to the membership predicament of Dr. William E. Creighton, a member of the faculty of the UNC School of Public Health.

Dr. Creighton had been a member in good standing of the Oregon State Dental Association and the ADA before coming to North Carolina. He had not been licensed in North Carolina and therefore was not eligible for membership in the North Carolina Dental Society. A letter from Dr. Gordon C. Watson, Assistant Secretary, ADA, suggested that the bylaws of the North Carolina Dental Society be amended to grant special membership privileges for dentists in the field of public health who may not be licensed to practice dentistry within the state. This would enable Dr. Creighton to maintain membership in the ADA.

A letter from Dr. T. Edgar Sikes, Jr., Secretary-Treasurer, Third District Dental Society, endorsed Dr. Watson's proposal, and, since bylaw changes on both district and state levels could not be effected until next fall, he suggested that Dr. Creighton be granted Honorary Membership in the meantime.

Dr. Ross reminded the Executive Committee that the Society had consistently held to the policy of requiring a member to be licensed in this state. He moved that the Executive Committee re-affirm this policy of requiring licensure as one of the requisites for membership and that the suggestion to amend bylaw requirements for membership be rejected. Dr. Collins seconded the motion and it was carried.

It was pointed out that Honorary Membership was not an appropriate solution because this would not include membership in the ADA.

Association of Professions: Dr. Baker reported that in accordance with the action of the Executive Committee at its December 8 meeting he had advised Mr. T. C. Cooke of Durham that the Society would not at this time become a charter member of the North Carolina Association of Professions.

Dental Service Corporation: Dr. Baker reported that subsequent to the December 8 meeting when the Executive Committee agreed a workshop on dental service corporations at this time might be premature, he had arranged an informational meeting of the Dental Service Corporation Committee for January 12 and that Mr. Ferris Hoggard of the U. S. Public Health Service had agreed to attend and serve as a resource consultant.

Dr. Roberts, as a member of the Dental Service Corporation Committee, stated for the information of the Executive Committee that it might become necessary for that committe to be authorized the use of legal counsel in preparing its report for the House of Delegates.

Nursing Home Advisory Council: Dr. Baker reported that on September 28 he advised the North Carolina State Board of Health that so long as its rules and regulations establishing the Nursing Home Advisory Council specified that "a dentist . . . recommended by the North Carolina Dental Society" shall be among the ten members of the Council, the Society would refrain from recommending a dental member of the Council. This, he explained, was in compliance with the policy established by the 1962 House of Delegates, that the Society shall refrain from exercising any statutory power or duties which it might have of selection of members of governmental boards and agencies where such approval or selection is required by statute in order to hold such office.

The North Carolina State Board of Health subsequently advised Dr. Baker that at a meeting on November 29, the Board had deleted the words "recommended by the North Carolina Dental Society" in its regulations governing appointments to the Nursing Home Advisory Council.

Dr. Baker reported that on the basis of the above information, he had

recommended to the Board that it consider appointing Dr. Jere Roe of Raleigh as the dental member of the Council.

"Good Samaritan" Legislation: It was noted that on September 16 the Executive Committee authorized the Legislative Committee to seek "Good Samaritan" legislation at the next General Assembly.

Mr. Cunningham called the attention of the Executive Committee to a letter received from the Assistant Secretary of the ADA Council on Legislation indicating a reversal of its position on "Good Samaritan" legislation and cautioning that "where state legislatures considered these bills, a certain amount of unfavorable publicity was generated." Further, that "some doubt had been expressed on the constitutionality of such laws."

The correspondence was received for information and referred to the Legislative Committee.

New Orleans Conference: Dr. Baker reported that the following attended the conference in New Orleans on January 7 called by ADA President Timmons: Drs. E. D. Baker, S. Byron Towler, Dennis S. Cook, Paul E. Jones, Z. L. Edwards and Frank O. Alford and Executive Secretary A. M. Cunningham.

He said the conference unanimously agreed that the right of the component society to determine the qualifications of its members shall be preserved and that the right of the component society to classify its active members as active members of the constituent society and of the American Dental Association be maintained.

Adjournment: The meeting was adjourned at 11:35 p.m. on motion by Dr. Roberts. The motion was seconded by Dr. Ross and it was carried.

S. Byron Towler, D.D.S.
Secretary Pro Tem

Read and approved: May 4, 1963

THE CAROLINA, PINEHURST, NORTH CAROLINA

Joint Session

Executive Committee and Annual Session Committee

January 13, 1963

Call to Order: The Executive Committee convened at The Carolina, Pinehurst, North Carolina, January 13, 1963. The meeting was called to order at 9:40 a.m. by President Baker. Dr. Richard S. Hunter led in prayer.

Roll Call: Members of the Executive Committee present were: Doctors Darden J. Eure, Chairman; E. D. Baker, Pearce Roberts, Jr., N. F. Ross, S. Byron Towler, George S. Alexander and Thomas G. Collins.

Members of the Annual Session Committee present were: Doctors E. A. Pearson, Jr., Chairman, Annual Session and Program Committees; Richard S. Hunter (Arrangements), F. A. Buchanan and Grover Smith (Clinics), D. W. Seifert, Jr. (Entertainment), Gerald M. Cathey (Scientific Exhibits), A. Dwight Price (Hospitality), Robert H. Gainey and Worth T. Byrd (Monitor), J. Ernest Roberts (Necrology), Barry G. Miller (Projected Clinics), R. Bruce Warlick (Sports), Cecil A. Pless, Jr. (Visual Education), and L. B. Stanley and Freeman C. Slaughter (Program).

Others present were: Drs. Luther H. Butler, Charles H. Teague, C. E. Abernethy; Mr. Andrew M. Cunningham, Executive Secretary and Miss Mira Riddle, Central Office Secretary.

Reports of Annual Session Committee: Reports were submitted by members of the Annual Session Committee present.

A report was also submitted in absentia for Dr. W. Penn Marshall, Chairman, Commercial Exhibits Committee.

No report was submitted by the Publicity Committee.

Reports and requests from the North Carolina Dental Hygienists Association and the North Carolina Dental Auxiliary were referred to the Arrangements Committee.

Dr. Baker thanked the members of the Annual Session Committee for their attendance and for the excellent reports submitted by them.

Recess: The meeting was recessed at 10:45 a.m.

Executive Session: Dr. Eure reconvened the Executive Committee in executive session at 11:00 a.m.

Dr. Roberts moved that the reports of the Annual Session Committee be accepted and that the following appropriations be approved.

Arrangements	$2,480.00
Clinic	25.00
Entertainment	875.00
Exhibits:	
a. Commercial	1,810.00
b. Scientific	80.00
Hospitality	140.00
Monitor	—0—
Necrology	90.00
Program	1,350.00
Projected Clinics	—0—
Publicity	280.00
Sports	150.00
Visual Education	20.00
Total	$7,300.00

The motion was seconded by Dr. Alexander and it was carried.

It was noted that in the 1962-63 Budget adopted June 30, 1962, $7,000.00 had been allocated to the Annual Session and that the additional $300.00 approved by the Executive Committee would be taken from the General Contingency Fund.

Employment and Use of Stenotypist: Dr. Baker moved that a stenotypist be employed for the Annual Session and the services of this stenotypist be limited to General Sessions and House of Delegates Meetings. Dr. Towler seconded the motion and it was carried.

Next Meeting: It was agreed that the next regular meeting of the Executive Committee would be held at The Carolina, Pinehurst, North Carolina, Saturday, May 4, at 8:30 p.m., just one day prior to the 107th Annual Session.

It was suggested that Dr. Gerald D. Timmons, President of the ADA and Dr. William A. Garrett, Fifth District Trustee be invited to meet with the Executive Committee on May 4, since they would be in Pinehurst as guest speakers for the 107th Annual Session.

Items for House of Delegates Agenda: Dr. Baker moved that the Report of the North Carolina Delegation to the ADA and the Report of the Fifth District Trustee be placed on the agenda of the House of Delegates at times to be designated by the Speaker of the House. Dr. Ross seconded the motion and it was carried.

Adjournment: The meeting was adjourned at 11:28 a.m. on motion by Dr. Collins, seconded by Dr. Baker and duly carried.

S. Byron Towler, D.D.S.
Secretary Pro Tem

Read and approved: May 4, 1963

THE CAROLINA, PINEHURST, NORTH CAROLINA

May 4, 1963

Call to Order: The Executive Committee convened in the Green Room of The Carolina, Saturday, May 4, 1963. Dr. Darden J. Eure, Chairman, called the meeting to order at 8:35 p.m. and led in prayer.

Roll Call: Executive Committee members present were: Drs. Darden J. Eure, Chairman, E. D. Baker, George S. Alexander, S. Byron Towler, Dennis S. Cook, Norman F. Ross, Thomas G. Collins and Pearce Roberts, Jr.

Others present included: Dr. Gerald D. Timmons, President, American Dental Association; Dr. William A. Garrett, Trustee, Fifth District, American Dental Association; Dr. C. W. Poindexter, Executive Committee Member Designate; Colonel W. T. Joyner, Legal Counsel; Dr. Paul E. Jones, ADA Delegate; Mr. Andrew M. Cunningham, Executive Secretary; and Miss Mira Riddle, Central Office Secretary.

Remarks by ADA President: Dr. Eure presented Dr. Gerald D. Timmons, President, American Dental Association, and welcomed him to Pinehurst. Dr. Timmons reported on current Association affairs. He requested that the President of the Society, as soon as possible, recommend members of the North Carolina delegation to the ADA for appointment to Reference Committees of the ADA House of Delegates.

Remarks by Fifth District Trustee: Dr. Eure presented Dr. William A. Garrett, Fifth District Trustee, American Dental Association. Dr. Garrett commented on matters of particular interest to the Fifth District constituency.

Report of Legal Counsel: Colonel W. T. Joyner, legal counsel, reported that the following legislation directed by the 1962 House of Delegates had been prepared, submitted to the General Assembly, and ratified on April 26:

> H.B. 549 to eliminate the nomination of a member of the Medical Care Commission by the North Carolina Dental Society.
>
> H.B. 550 to eliminate the provision for a representative of the North Carolina Dental Society as a member of the Mental Health Council.

He stated it was very probable that the case of Dr. Hawkins vs. the North Carolina Dental Society would be tried by Judge Warlick in Charlotte in September 1963.

Colonel Joyner reported that "Good Samaritan" legislation had been introduced in the House of the General Assembly. He was of the opinion that the proposed bill would cover dentists, but he said the language of the bill was ambiguous on this point. He advised that the bill should be amended to specifically cover dentists, or perhaps to cover anyone who rendered emergency aid.

It was noted that the Legislative Committee had been authorized to seek "Good Samaritan" legislation, but in its report to the House of Delegates, the Legislative Committee stated that after careful investigation and study, it was deemed advisable not to seek such legislation at this time. (B.B. 1963:52)

It was suggested that the Legislative Committee be advised that "Good Samaritan" legislation had been introduced and that the Committee reconsider the matter and seek a proper amendment.

Encomium to Dr. Paul E. Jones: Dr. Eure recognized Dr. Paul E. Jones and expressed the appreciation of the Society for his untiring efforts and service as a Delegate to the ADA from North Carolina.

Approval of Minutes: On motion by Dr. Ross, seconded by Dr. Towler, the minutes of January 12 and January 13, 1963, as previously distributed to the Committee in mimeographed form, were approved.

Secretary-Treasurer's Report: The report of the Secretary-Treasurer dated April 30, 1963, was received for information on motion by Dr. Collins, seconded by Dr. Baker, and duly carried.

Classification of Retired Members: An application for retired membership, approved by the Executive Committee of the Third District, was received from Dr. Clarence N. Stone of Greensboro. On motion by Dr. Towler, seconded by Dr. Baker, and duly carried, the application was approved.

An application for retired membership, approved by the Executive Committee of the Second District, was received from Dr. W. Kermit Chapman of Charlotte. On motion by Dr. Alexander, seconded by Dr. Collins, and duly carried, the application was approved.

Travel Authorization for Executive Secretary: On motion by Dr. Alexander, seconded by Dr. Towler, and duly carried, the Secretary-Treasurer was authorized to reimburse Mr. Cunningham for travel expenses incurred while attending a meeting of the Fifth District Delegates in Atlanta on March 24, 1963.

Membership: On motion by Dr. Collins, seconded by Dr. Alexander, and duly carried, it was made a matter of record that the following dentists had not paid their 1962 dues by December 31, 1962, and, according to Article VI, Section 6, of the Bylaws, have been dropped from the roll:

First District: Dr. Edgar B. Mackie, Granite Falls
Second District: Dr. Robert N. Hunt, Lexington
Third District: Dr. Oma H. Hester, Norwood
Fourth District: Dr. R. M. Blackman, Selma
Dr. James E. Butler, St. Pauls
Dr. Worrell K. Lindsay, Fayetteville

Next Meeting: Dr. Towler announced that the next meeting of the Executive Committee would be held in the Crystal Room of The Carolina, immediately following adjournment of the 107th Annual Session on Wednesday, May 8, 1963. He announced that he had appointed Dr. Collins as Chairman of the Executive Committee to succeed Dr. Eure.

Commendations by President Baker: Dr. Baker expressed his personal thanks to Dr. Eure and the members of the Executive Committe for their diligence and unqualified support during his administration. He noted that the following were completing their terms on the Committee this year: Drs. Eure, Alexander, and Ross.

Adjournment: On motion by Dr. Cook, seconded by Dr. Towler, and duly carried, the meeting was adjourned at 10:40 p.m.

Dennis S. Cook, D.D.S.
Secretary-Treasurer

Read and approved: June 15, 1963

Obituaries

Stuart Ashby Barksdale, D.D.S.
William Clyde Current, D.D.S.
Maurice Oren Fox, D.D.S.
Jacob Young Hinson, D.D.S.
David Wallace Holcomb, D.D.S.
Richard Fred Hunt, D.D.S.
Floyd G. Johnson, D.D.S.
Charles Godwin Powell, D.D.S.
Hubert A. Todd, D.D.S.
Wallace William Umphlett, D.D.S.
Carlyle Deveny Wheeler, D.D.S.

STUART ASHBY BARKSDALE, D.D.S.

1916-1963

Dr. Stuart Ashby Barksdale was born March 20, 1916, in Greenwood, Virginia and died January 20, 1963 in Charlotte, North Carolina. He attended public school in Greenwood and was graduated from Miller Military Academy as Valedictorian of his class in 1935. He received a scholarship to the University of Virginia. At Virginia an active undergraduate career was highlighted by reaching the finals in intercollegiate boxing at Madison, Wisconsin in 1939. He received a B.S. Degree from Virginia in 1940.

During World War II he served his country with infantry units for 44 months and was discharged as a lieutenant.
He was graduated from the Medical College of Virginia in 1952. Dr. Barksdale was a member of Delta Sigma Delta social fraternity and Alpha Sigma Phi honorary fraternity.

He was health officer of Mecklenburg County until he entered private practice in Charlotte in 1953. His two year term as treasurer of the Charlotte Dental Society was one of the most efficient we have ever had. He served with distinction as state chairman of the Dental Health Week Committee.

At the time of his death he was a Vestryman of St. Peter's Episcopal Church and Chairman of the Youth Committee. He was a member of the Charlotte Country Club and the Charlotte Kiwanis Club.
Dr. Barksdale is survived by his wife, the former Evelyn Lasley and three daughters of the home.

We have lost a competent dentist and a valued friend who contributed freely of his time, talent, energy and substance to this community. He was very active in any organization to which he belonged and was motivated by good principle and a strong sense of duty. This organization and his many friends will miss him.

Thomas G. Nisbet, D.D.S.

WILLIAM CLYDE CURRENT, D.D.S.

1895-1963

Dr. William Clyde Current was born July 5, 1895 in Iredell County. He died February 26, 1963.

He was a graduate of Harmony Academy and Atlanta Southern Dental College. After his discharge from the Army in 1919 he returned to Statesville and had been practicing there since that time.

Dr. Current was active in local church, civic and political organizations.

He was a member of the First Presbyterian Church, a former Kiwanian and a Master Mason. He was also a member of the Statesville Shrine Club, Oasis Temple, and the American Legion. He was a member of the North Carolina Dental Society and the American Dental Association.

He was twice married. His first marriage was to the former Ruth Wade MacDonald who died in 1934. In 1943 he married the former Ruth Davis, who survives. Also surviving is one daughter by his first marriage and three daughters by his last marriage.

William Smith Kirk, D.D.S.

MAURICE OREN FOX, D.D.S.

1914-1963

Dr. Maurice Oren Fox was a graduate of Union Grove High School and attended Appalachian State Teachers College and the University of North Carolina. He received his D.D.S. degree from the Medical College of Virginia in 1939 and had practiced dentistry in Elkin, N. C., since that time.

He was an active member of the Second District Dental Society, the North Carolina Dental Society and the American Dental Association. He was instrumental in organizing the Blue Ridge Dental Society and served as it's first president.

He was a former member of the Elkin Junior Chamber of Commerce, a member of the Elkin Masonic Lodge 454, A. F. & A. M. the Oasis Temple and Shrine of Charlotte.

Active in church affairs, Dr. Fox was a member of the First Baptist Church and served on the Board of Deacons.

He was born in Statesville on August 11, 1913, the son of the late William Ross and Dora Mayes Fox. He died February 21, 1963. He was married to the former Miss Mary Graves of Ruby, S. C., on December 28, 1936.

She survives.

Also surviving are two sons, Ross Maurice Fox of the U. S. Air Force, in Korea, and Richard Barry Fox, student at the Southern College of Optometry in Memphis, Tenn.; one daughter, Mary Alice Fox, a student at Woman's College, Greensboro.

L. D. Pruett, D.M.D.

JACOB YOUNG HINSON, D.D.S.

1896-1963

Dr. Jacob Young Hinson was born on November 6, 1896, in Walstonburg, North Carolina, where he spent his childhood and attended grammar school. He died March 31, 1963. He was graduated from Whitsett Preparatory School and received his D.D.S. degree from Northwestern University in 1920. Immediately following graduation he successfully passed the North Carolina Board of Dental Examiners and also the Illinois Board, but chose to remain in Chicago where he practiced Oral Surgery until 1942. He entered the United States Army in 1942 and served for three years, being discharged with the rank of Captain. He returned to North Carolina and worked a short time with the State Health Department before resuming private practice in Durham where he specialized in Oral Surgery.

He was a member of the Durham-Orange Dental Society and served as its treasurer for two years; the Third District Dental Society; the North Carolina Dental Society and the American Dental Association.

He is survived by a sister, Mrs. Irene T. Price of Tifton, Georgia, two nephews and a niece.

Daniel T. Carr, D.D.S.

DAVID WALLACE HOLCOMB, D.D.S.

1898-1962

Dr. David Wallace Holcomb, Sr., sixty-four, of 627 South Hawthorne Road, Winston-Salem, North Carolina, died May 18, 1962. He was the son of Calvin Eli and Carrie E. Holcomb of Hamptonville, North Carolina. His education included study at Oak Ridge Military Institute and Washington and Lee University. His dental training was at Southern Dental School of Atlanta, Georgia, and Dewey School of New York, where he studied Orthodontia.

He began his practice of dentistry in Winston-Salem with Dr. J. C. Watkins. After ten years he went into private practice doing general dentistry.

He was a member of the Ardmore Moravian Church, Winston-Salem, North Carolina, The Masonic Lodge No. 167 of Winston, Forsyth County Dental Society, North Carolina Dental Society, and the American Dental Association.

He is survived by his wife the former Margaret Houchins, one son, David, Jr., a student of Richmond Professional Institute, two sisters, and a brother.

He will be greatly missed by his many friends and patients.

Carl A. Barkley, D.D.S.

RICHARD FRED HUNT, D.D.S.

1901-1962

Dr. Richard Fred Hunt was born in Nash County, September 17, 1901. He died May 10, 1962.

Few men in this, or past, or future generations are privileged to close the book of life, and to have written on those pages a history and a heritage

which will be valued and admired by all who follow. When life's work is done, when each of us must inevitably lay down the tools given to us by our Lord, these real and vital questions come to our minds and lips. Why have "I" been privileged because "I" have lived? According to Luke 10:2, Jesus said to his disciples, "The harvest is plentiful, but the workers are few. . . ."

"Fred," as his legion of friends knew him nationally as well as in North Carolina, within and without the profession, was indeed a Christian gentleman, who continued to seek and to work for the truth, and thereby, to serve his Lord, his family, his patients, and his profession. Man can never erase the true monument and memorial for Dr. R. Fred Hunt, built day by day by himself through the labor of love and interest, now firmly written on the pages of history in our profession of dentistry as well as on the hearts and minds of those who knew him in our day and time. It can be said truthfully, that the world is a better place to live, and that our profession is indeed greater in stature as a result of his life.

The day or night was never too long, the weather too severe, the social life too demanding, to honor the call of his profession, colleagues, and friends. As a result, the accomplishments and honors of our former colleague are many, as President of the North Carolina Dental Society, and as Chairman of numerous important committees in this state and nationally.

The true test and real stature of "Fred" was expressed during the last months of his life, when his physical condition was critical, he continued to travel and assume the full responsibilities as President of the Dental Foundation of North Carolina, Incorporated, with a dynamic interest, smile, and leadership, which has made possible The Dental Research Center at the University of North Carolina. This Dental Research Center is destined to be a cornerstone of progress for our profession, and it will benefit the lives of countless men, women, and children everywhere through a finer professional service.

The years of dedication, service, and love, exemplified in "service above self," will permit Dr. R. Fred Hunt to live in this and coming generations. There is no finer tribute, memorial, or monument any individual can achieve.

Clyde Minges, D.D.S.

FLOYD G. JOHNSON, D.D.S.

1890-1962

Dr. Floyd G. Johnson was born in Yadkin County, North Carolina, November 23, 1890, and died June 25, 1962. He was graduated from Atlanta Southern Dental College, Atlanta, Georgia, in May 1918. He was a member of Xi Psi Phi.

Upon graduation he opened offices at Lexington, North Carolina, and for more than thirty years continued to practice his profession. Failing health prompted his retirement on November 18, 1948.

He is survived by his wife, Louise Sink Johnson, and one son, B. L. Johnson of Erie, Pennsylvania.

Wade Sowers, D.D.S.

CHARLES GODWIN POWELL, D.D.S.

1876-1963

Dr. Charles Godwin Powell was born in Northampton County, December 22, 1876. He died January 11, 1963.

He was graduated from the Baltimore Medical College in 1903. He was a life member of the American Dental Association, the North Carolina Dental Society and the Fifth District Dental Society.

Dr. Powell began the practice of dentistry in Potecasi, N. C. He moved to Ahoskie in 1913 and practiced his profession there until his retirement in 1958. He served as President of the Fifth District Dental Society.

Dr. Powell took active part in the life of the community. He was a member of the Rotary Club of Ahoskie for many years and also a member of the Potecasi Masonic Lodge for 65 years. He was a member of the Ahoskie School Board for many years and Deacon of the First Baptist Church.

While practicing at Potecasi, he was a member for ten years of the Northampton County Board of Commissioners.

He was married in 1904 to Vashti Cale of Potecasi, N. C., who died in 1955.

He is survived by a son, Lowell Powell, of Ahoskie, two grandchildren, and two great-grandchildren.

He was given the Distinguished Service Award from the Ahoskie Rotary Club for service to the Community in 1954.

Edward R. Ferro, D.D.S.

HUBERT A. TODD, D.D.S.

1912-1962

Dr. Hubert A. Todd was born in Columbus County April 3, 1912. He was the son of Mrs. Mary Butler Todd and the late John Duberry Todd of Tabor City, North Carolina.

He was a graduate of Tabor City High School and received his B.S. Degree from North Carolina State College, Raleigh. He received his D.D.S. at the Medical College of Virginia School of Dentistry, Richmond, Virginia.

Dr. Todd practiced his profession in Richmond, Virginia, prior to World War II, then served in the Navy with duty in the Pacific theatre. He came to Whiteville after his service discharge and opened his office in 1947.

Dr. Todd was a member of the Whiteville Methodist Church and of the local Civitan Club. He was a former director of the Civitan Club, a member of the Whiteville Library Board and was very active in Parent-Teacher Association work. He was President-Elect of the Southeastern Dental Society. He was noted for his pleasing personality and quiet, natural witticisms that did much to gain him the many friends that were his, particularly those he acquired in his professional field.

Dr. Hubert Todd died July 14, 1962, at Duke Hospital, Durham, following several months illness.

Survivors include his wife, Mrs. Mable Ross Todd; two sons, John Hubert Todd and Peter Phillip Todd; a daughter, Miss Susan Ross Todd, all of the home; his mother, Mrs. Mary B. Todd of Tabor City; and a sister, Mrs. Julian Smith of Bethel.

E. Ben Ward, D.D.S.

WALLACE WILLIAM UMPHLETT, D.D.S.

1923-1962

Dr. Wallace William Umphlett and his wife, Susan Borden Umphlett, died in an automobile accident August 26, 1962. Three of their four children were injured in this tragic accident.

He was born in Elizabeth City, North Carolina, August 20, 1923. He attended Elizabeth City, and Hertford Schools, and was graduated from Charles L. Coon High School, Wilson, North Carolina. His pre-dental credits were earned at Wake Forest College, where he was a member of Pi Kappa Alpha social fraternity, and Gamma Nu Iota, honorary fraternity. Bill and Susan were married during his sophomore year, 1945, at Emory University School of Dentistry, where he was graduated in June 1947, and was a member of Xi Psi Phi fraternity. Dr. Umphlett began his practice in Wilson, North Carolina, in August 1947, where he remained until his death, except for service in United States Navy during the Korean conflict. He had served as President of Wilson County Dental Society and Fifth District Delegate for North Carolina Dental Society for several years, while being active in many phases of local and state dental activities. Dr. Umphlett was scheduled to present a clinic at the 1962 annual meeting of the American Dental Association in Miami Beach, Florida. He had prepared for his subject by taking several post graduate courses and very expertly applying these to his practice.

Dr. Umphlett was active in the First Methodist Church, Kiwanis, Country, and Elks Clubs of Wilson.

Throughout his practice years, Dr. Umphlett had advanced with the progress of his profession. He had been willing to demonstrate aggressiveness and experimentation in his practice to further the position and image of dentistry in North Carolina.

To Dr. and Mrs. Umphlett's children, Susan, Wallace, Kathy and Borden, we extend our sincerest sympathy in their loss.

I have lost my personal dentist and dear friend. Bill will be missed by all that were touched by his life.

James H. Lee, D.D.S.

CARLYLE DEVENY WHEELER, D.D.S.

1900-1962

Dr. Carlyle Deveny Wheeler was born March 7, 1900, in Harnett County, North Carolina, son of David Henry and Mary Nash Wheeler. He died June 10, 1962. His early education was received in Harnett County schools, and he graduated from Cary High School, Cary, North Carolina. He attended the University of North Carolina securing pre-dental college background before enrolling at Atlanta Southern Dental College. He was graduated from Atlanta Southern in 1926 with a D.D.S. degree and established his practice in Salisbury, North Carolina, Rowan County.

Dr. Wheeler maintained an active interest in his profession and Dental Society with membership in local, district, state societies, and the American Dental Association. He has served as president of the Rowan County Society and secretary-treasurer of the Second District. Dr. Wheeler has been an inspiration through the years in his desire and planning to remain well-versed in current dental practices. He has attended numerous post graduate studies with the result of continuing his professional education, commensurate with his desire to serve his patients better.

Dr. Wheeler served his church and community faithfully. He taught Sunday School in the First Baptist Church for many years and served on the Board of Deacons and the Board of Trustees. He was an active Civitan and Mason.

He leaves his wife, the former Mary Nesbitt; two daughters, Mrs. Thomas Rutledge Parker and Miss Martha McCoy Wheeler; two brothers, John Wheeler of Harnett County and William Felix Wheeler of Columbia, South Carolina; two sisters, Mrs. Carter Lee and Mrs. J. W. Roberts, both of Richmond, Virginia; and two grandchildren.

William Smith Kirk, D.D.S.

Committee Reports

STANDING AND SPECIAL
(In alphabetical order with action by House of Delegates)

ANNUAL SESSION COMMITTEE

E. A. Pearson, Jr., *Chairman*

ARRANGEMENTS
Richard S. Hunter

ENTERTAINMENT
D. W. Seifert, Jr.

HOSPITALITY
A. Dwight Price

PROJECTED CLINICS
Barry G. Miller

EXHIBITS:
COMMERCIAL
W. Penn Marshall

SCIENTIFIC
Gerald M. Cathey

CLINIC
F. A. Buchanan

MONITOR
Robert H. Gainey

NECROLOGY
J. Ernest Roberts

PROGRAM
E. A. Pearson, Jr.

PUBLICITY
T. E. Sikes, Jr.

SPORTS
R. Bruce Warlick

VISUAL EDUCATION
Cecil A. Pless, Jr.

Meetings: January 1963.

Composition: The Annual Session Committee is made up of the several standing and special committees of the North Carolina Dental Society. Each of the above committees held meetings during the year, which will be listed in the respective committee reports to the House of Delegates.

January Meeting: The meeting held in January was for the purpose of co-ordinating each committee's activities as they relate to the Annual Session Program. Each committee was represented at the January meeting and gave a progress report on Saturday evening prior to the joint meeting with the Executive Committee held on Sunday, January 13, 1963. Each committee gave a full report, including requested appropriations for each committee's expenses. The itemized request for appropriations by each committee may be found in the Minutes of the Executive Committee, January 13, 1963.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

ARRANGEMENTS COMMITTEE

Richard S. Hunter, *Chairman*
Glenn F. Bitler J. Malcolm McAllister
David B. Masters

Meetings: The Committee has held no meetings since the 1962 Annual Session. A meeting will be held in Pinehurst just prior to the 1963 Annual Session.

Assignments: The Committee has been assigned the combined duties and responsibilities of the former Convention and Housing Committees.

Housing: Accommodations at the headquarters hotel will be limited to members, Central Office staff, and those assisting in the operation of the convention. After 5:00 p.m. on Sunday, May 5, this restriction will be lifted, and the hotel will be permitted to accept reservations as it deems wise.
Application forms for hotel reservations were mailed from the Central Office in Raleigh on Saturday, February 9. Hotel rates are the same as last year, $17 a day for single rooms and $30 a day for double rooms. Every effort will be made to co-operate with the hotel in discouraging early check-outs. The hotel will bill guests for dates shown on the application, even if departure is made before the date indicated thereon. If the room is re-sold, a rebate will be made.
The Committee will make reservations for clinicians and guest speakers upon request from the Program Committee.

Meetings of Allied Organizations: Assignment of meeting space for allied organizations in the headquarters hotel will be made on a first come-first served basis, according to the space available.

Properties for Essayists: Projectors, screens, microphones, and other equipment required by clinicians will be secured by the Committee at the request of the Program Committee.
A projectionist will be employed by the Committee to serve the needs of the Program and Visual Education Committees.
An adequate amplifying system will be available for each meeting. Special microphones should be requested by the Program Committee.

Registration: All members, clinicians, and special guests will be pre-registered by the Central Office and a packet of material, including identification badge, will be awaiting them at the registration desk.
When clinicians or guest speakers are checked in, they should be brought by the registration desk to pick up the material and identification badge.

Stenotypist: By direction of the Executive Committee, a professional stenotypist will be employed by the Committee to work the General and Scientific Sessions only.

Hand Program: The Central Office will prepare and have printed in ample quantity hand programs in the "flip-flop" variety for use at the Annual Session.

Blue Book: The Central Office will prepare and mimeograph Blue Books for the House of Delegates.

Signs: The Committee will provide signs for meeting places, indicating the meeting in progress. A daily schedule will be displayed in the hotel lobby.

Appropriation: An appropriation of $2,480.00 has been budgeted for this Committee.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

BLUE SHIELD-BLUE CROSS ADVISORY COMMITTEE

F. D. Bell (1964), *Chairman*

Everett Moser (1963) Vaiden Kendrick (1965)

Meetings: The Committee has held numerous meetings with representatives of the Dental Society and the insurance companies.

Assignments: The 1962 House of Delegates recommended that this Committee continue working with the Blue Shield Associations in trying to work out payment to dentists other than through an endorsement added to individual policies.

Results of Study: It is still very apparent to the Committee that payment to dentists through sale of an endorsement is not satisfactory as only a very few have been sold. Also, after legal consultation and checking into many other states' plans, it seems that the companies are discriminating against the dentists of North Carolina in not paying dentists for procedures which are normally done by them in their practices. These same procedures are payable to physicians under the general surgical contracts.

Resolutions

Resolved, that the North Carolina Dental Society seek legal counsel and go before the Insurance Commissioner and the State Legislature, if necessary, to seek payment for all oral surgical procedures which are being performed by both physicians and dentists, and which are presently included in the general surgical contracts of the Blue Shield companies.

Action by House of Delegates: Resolution amended and adopted May 7, 1963 to read:

"**Resolved,** that representatives of the North Carolina Dental Society go before the Insurance Commissioner and the State Legislature, if necessary, to seek payment for all oral surgical procedures which are being performed by both physicians and dentists, and which are presently included in the general surgical contracts of the Blue Shield companies, and all insurance companies, and be it further

"**Resolved,** that the North Carolina Dental Society authorize the expenditure of a sum not to exceed five hundred dollars for the employment of legal counsel for this purpose."

CANCER COMMITTEE

Robert H. Sager, *Chairman*

Hylton K. Crotts Z. L. Edwards, Jr.
John H. Dixon F. Glenn Gaither
H. O. Lineberger, Jr.

Meetings: No formal meetings of this committee were held.

Educational Program Proposed: The Cancer Committee has been actively co-operating with the Oral Hygiene Division of the State Board of Health in developing a program to stimulate professional interest in cancer. A grant has been requested from the Cancer Division of the National Institute of Health to support an educational program which will reach all of the dentists of this state. A series of meetings with local dental societies is planned.

At these meetings the importance of early recognition of cancer will be stressed. Exfoliative cytology has proved of value as a diagnostic aid in detecting the early lesion, and the general practitioner could readily adopt this procedure for use in his own office. One of the principal missions of

this educational program will be to acquaint the practitioner with indications and limitations of exfoliative cytology in cancer detection.

The North Carolina Association of Pathologists and the North Carolina Division of the American Cancer Society have formally pledged their support to this program.

Resolutions

Resolved, that the North Carolina Dental Society co-operate with the State Board of Health in implementing the educational program in cancer detection.

Action by House of Delegates: Resolution adopted May 7, 1963.

CHILDREN'S DENTAL HEALTH COMMITTEE

JAMES A. CRAWFORD, *Chairman*

DUNCAN M. GETSINGER
CHARLES P. GODWIN
BARRY G. MILLER
WILLIAM A. MYNATT

This committee is pleased to report on the activities of the many local groups throughout the state, and to announce that the week seems to have been a success. We were fortunate to have many good workers, and this is the most important prerequisite for a satisfactory result.

Some of the activities of the week included newspaper articles, distribution of posters by commercial vehicles, store windows, and schools. We had available this year record transcriptions for use by radio stations to give more publicity to the week. Twenty-one North Carolina radio stations broadcast these transcriptions.

One of the most helpful ideas was made possible by General Electric who donated electric toothbrushes to be given away during the week. In most areas, over one of the afternoon kiddie shows, one of the local dental assistants gave some home care instruction, and then the holder of a lucky number won an electric toothbrush.

One of the most successful things seems to be the outdoor posters. More were distributed this year than ever before. Fourteen outdoor advertising companies displayed 71 posters throughout the state. The North Carolina Dental Society has underwritten the cost of these outdoor posters for the past two years. We commend this project to next year's committee. However, it should be pointed out that many advertising companies, although they will give free space, are now charging for installing the posters. This may run into a prohibitive cost, and should be investigated before a definite decision is made.

One of the most serious handicaps of the program is not being able to organize it far enough in advance. The ADA requires information as early as September.

It is suggested that next year's committee contact all local and district societies in May. Request them to submit the names of chairmen by the end of May. This will perfect an organization that will be ready to go to work early in the fall.

The use of TV film seems to be more and more popular. A film was made in co-operation with the Division of Oral Hygiene of the N. C. State Board of Health featuring "Lacti," and many fine comments have been heard about this fine film. We were able to show this film over five TV stations throughout the state. At least two other films have been made and shown locally. These were shown by the Fifth District and the Guilford County Dental Societies.

Again we would like to register and express appreciation to the North Carolina Dairy Council for making available such fine material for Children's Dental Health Week; also, some very nice posters were distributed by the American Apple Growers Association.
As far as this committee is concerned, we wish to thank the Executive Secretary for handling the correspondence in such an effective manner, and for really being the one responsible for such a successful Children's Dental Health Week.

Resolutions

This report is informational in nature and no resolutions are submitted.

Action by House of Delegates: The following resolution was adopted May 6, 1963:

"**Resolved,** that next year's committee contact all local and district societies in May. Request them to submit the names of the chairman by the end of May, to the end that the Children's Dental Health Week program shall be ready to go to work early in the fall."

CLINIC COMMITTEE

F. A. Buchanan, *Chairman*

W. Penn Marshall
Grover W. Smith
Milton S. Thurston
Guy R. Willis

Meetings: As table clinics are obtained on a district basis, the committee has not met since the 1962 Annual Session. The committee will meet on Wednesday, May 8, in Pinehurst, when the table clinics will be presented.

Clinics Secured: Twenty-seven table clinics have been secured for presentation at the 1963 Annual Session.

Appropriation: An appropriation of twenty-five dollars was approved to cover the cost of signs and rental of tablecloths.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

CONSTITUTION AND BYLAWS COMMITTEE

Z. L. Edwards (1966), *Chairman*

Ralph L. Falls (1963)
D. T. Carr (1964)
T. G. Nisbet (1965)
Walter H. Finch, Jr., (1967)

Meetings: The Committee has held no meetings since the 1962 Annual Session.

Assignments: The Committee did not receive any requests or assignments from the 1962 House of Delegates.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

ADVISORY COMMITTEE ON DENTAL CARE FOR THE AGED

HENRY O. LINEBERGER, JR., *Chairman*

C. Z. CANDLER, JR. W. W. DEMERITT

RILEY E. SPOON, JR.

Meetings: There were no formal meetings held by the entire committee. All work was done by correspondence which is on file in the Executive Secretary's office. Some members of the committee attended allied meetings in behalf of the committee, and their reports are also on file.

Co-operation with Medical Society: Since aid to the aged has been brought to the forefront by recent political moves on the part of the President, the Dental and Medical Societies of North Carolina have worked together in co-operation with the Department of Welfare to plan a sound program for health to the aged in North Carolina.

The work has been in the form of reaching agreement with those involved as to the best way to enact legislation in North Carolina.

A meeting was held in the Sir Walter Hotel in Raleigh on November 11, 1962, of the Joint Committee on Health Care of the Chronically Ill and Aged. This meeting was attended by Dr. Lineberger, Chairman of the Committee; Dr. E. D. Baker, President, N. C. Dental Society; and Mr. Andrew M. Cunningham, Executive Secretary of the N. C. Dental Society. The agenda, minutes, and comments of this meeting are on file in the Executive Secretary's office.

Co-operation with Department of Welfare: Following this meeting, at which Dr. Ellen Winston represented the N. C. Department of Welfare, a future meeting was arranged between Dr. Winston and members of the Dental Society to discuss the dental problem as the Welfare Department saw it. Minutes of this meeting are on file in the Executive Secretary's office. The meeting was held on December 17, 1962.

N. C. Health Council: On December 11, 1962, the Chairman of the Committee and the Executive Secretary attended the North Carolina Health Council at the Sir Walter Hotel in Raleigh. All minutes and comments are on file in the Executive Secretary's office.

Kerr-Mills: On January 6, 1963, the Chairman of the Committee met with the Medical Advisory Committee at the State Board of Public Welfare. The main purpose of dentists being present at this meeting was to discuss the dental aspect of the enabling legislation for the Kerr-Mills Act to be presented to the General Assembly in February. The minutes of this meeting are on file in the Executive Secretary's office.

The basic facts which have already been compiled in an effort to be prepared for our part of the proposed legislation are:

(1) Preliminary estimates:

a. Persons covered under the program.....$ 12,000.00
(20 per cent eligible—less edentulous)
b. Cost per person for emergency treatment..... 40.00
c. Total cost per year.....$480,000.00

(2) Approximate estimate for Dental Program considered by joint Med-Dent Committee—$500,000.00/yr.

(3) A realistic, complete coverage fee schedule should be presented for approval even though in the beginning only part may be used.

(4) As the program expands, the committee should see that careful checks are made to ensure that proper, economical, and sound dental procedures are being used at all times.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: The following resolution was adopted May 6, 1963:

"**Resolved**, that a realistic, complete coverage fee schedule should be presented for approval, even though in the beginning only part may be used."

DENTAL FORMULARY COMMITTEE

Charles M. Westrick, *Chairman*

A. J. Franklin
O. J. Freund
W. J. Helsabeck
E. B. Hopkins
J. Sidney Hood
Walter T. McFall, Jr.

The Committee has nothing new to report at this time. New drugs and products are being compiled to add to the revised edition of the Formulary. There will be a joint meeting of the Dental Formulary Committee of the North Carolina Dental Society and the North Carolina Pharmaceutical Association.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

COUNCIL ON DENTAL HEALTH AND INFORMATION

W. L. Hand, Jr., (1966), *Chairman*

Frank G. Atwater (1967)
E. A. Pearson, Jr. (1963)
L. B. Peeler (1964)
W. D. Yelton (1965)

Meetings: The committee met on May 28, 1962, in Greensboro.

Assignments: The 1962 House of Delegates adopted the following recommendations pertinent to this Council:

"1. That a committee be appointed to evolve a standard plan of organization and procedure whereby the Mouth Protector Program could be initiated with the power to act in the best interest of the profession and the Mouth Protector Program.

2. That the committee evaluate the newer materials and procedures available for construction of mouth protectors."

These problems were assigned to the Committee on Dental Health and Information by President E. D. Baker.

Mouthguard Program: One hundred seventy-three (173) letters were mailed to the superintendents of county and public schools informing them of the willingness and desire of the dentists of the North Carolina Dental Society to assist in a Mouth Protector Program for football players when such assistance is requested by high school principals, coaches, and athletic directors.

By means of the *NCDS Newsletter*, all dentists were urged to co-operate individually, or through their local society, in providing consultations and assistance in carrying out the Mouth Protector Program when their assistance was requested by the principals, coaches, or athletic directors.

The following plan of procedure was suggested:

A. For basic information, a booklet, The Report of the Joint Committee on Mouth Protectors of the American Dental Association, was recommended. It is most informative and complete, and all dentists are urged to secure

a copy to help them facilitate the Mouth Protector Program. These booklets were made available from the Central Office.

B. That a custom-made, individually fabricated mouth guard be the type preferred. The Council concurs with the Joint Committee and the experience of other state programs in recommending the use of the liquid latex wax with rayon flock as providing optimum protection with a minimum of discomfort and bulk. With the development of newer materials giving good protection and ease of construction, the Sta-Guard Protector shows excellent promise.

C. That should school officials consider the custom-made latex mouth protector impossible, the selection of another type of mouth protector should be made by the school officials.

D. That if another type of custom protector other than the custom-fitted latex protector be selected by the school officials, a licensed dentist should fit this to the individual's mouth.

E. That dental fees for the service be established, the fee to be agreed upon locally, between the school authorities and the dentists, even though the dentists may see fit to refund the fee to the school or athletic association.

F. That participation by the players, P. T. A.'s science classes and booster clubs be encouraged. This participation, with guidance by the dentist, would afford a nucleus of personnel familiar with the procedures, and would be invaluable in the following years in expediting the program.

G. That dentists be available to assist areas without a local dentist.

H. That it is our obligation to suggest the most effective, proven type of mouth protector known today.

I. The Council requested dentists to evaluate and report to the Central Office their experience and impressions of newer materials, or procedures, used in Mouth Protector Programs.
A member of our profession, Dr. Robert H. Watson of Charlotte, North Carolina, spoke to the Annual Coaches' Conference in Greensboro concerning the various types of mouth protectors available.

Results and Conclusions: The assessment of reported mouth protector programs, methods, and newer materials provided by the participation and co-operation of sixty-nine (69) local dental societies and dentists, and the construction of 9,786 mouth guards resulted in the following conclusions:

A. Rather than consulting with athletic departments when asked, the Council suggests that all dentists pursue a positive approach of urging and familiarizing the athletic department of their local schools the advantages of a good Mouth Protector Program.

B. That positive efforts be made to work out a mutually satisfactory program between dentists, players, and athletic departments.

(1) If optimum comfort and protection is decided upon, then the following custom-fitted protectors are recommended:

Latex, manufactured by: 1. Plastic Arts Studio; 2. Hygienic Dental Mfg. Co.
Plastic, Sta-Guard by Stalite Manufacturing Co.

(2) For adequate protection, but less comfort—more bulk, problems of separation from outer shell with inner shell—then mouth-form protectors such as Oryl Gard or Shield could be used.

(3) That stock mouth guards which may be purchased already fabricated should only be considered as a last resort to provide a mutually satisfactory Mouth Protector Program.

As newer materials are introduced, they will be evaluated as soon as information is available. The newer ones that show promise are those manufactured by Luxene, Bosworth, and a new protector by Featherbite.

Representation at National Conference: Two members of the Council attended the National Meeting of the Council on Dental Health and Information of the American Dental Association in Chicago, Illinois, during April 1962. To bring this information to a more intimate local level, it is suggested that Council members continue to attend this national meeting.

Careers in Dentistry: Continued efforts toward influencing young students to careers in dentistry have resulted in information being sent to guidance counselors in 173 county and city school units. Over 7,000 brochures dealing with careers in dentistry have been distributed throughout the state.

At the State Health Careers Conference held in Durham in February, the Durham-Orange County Dental Society represented the profession to over 600 students attending this Health Careers Conference.

Dental Manpower: The problem facing our profession relative to the future of dental manpower in our state merits our immediate consideration and action. The competition for good students among industry and the allied sciences is increasing and will continue to increase.

North Carolina, by 1970, will increase its dental enrollment at the Dental School to 75 per class. These students can come from two sources—those rejected by the allied sciences because of inferior grades and ability, or from those who have been guided and motivated toward dentistry at an early period of their high school training.

To fulfill the obligation of the profession to maintain high standards of learning and patient care, it is necessary to assure adequate dental manpower in the future. Efforts toward Science Fair Programs, Health Career Conferences, and Health Career Days should be co-ordinated and amplified into an effective over-all program of Careers for Dentistry.

Division of Oral Hygiene: The activities of the Division of Oral Hygiene during the past year have been basically directed to the implementation of its basic objective, "Better Dental Health in the Communities of North Carolina through Programs of Dental Health Education, Prevention, Diagnosis and Treatment, Research and Evaluation."

Promotion of fluoridation in the many communities throughout North Carolina has required many staff hours for consultations with local dental societies, city councils, and other interested groups. Educational materials on fluoridation have been distributed to groups requesting assistance in the promotion of fluoridation programs in their communities. Upon request, the Division continues to supply dentists with stannous fluoride for topical applications. There are 56 towns in North Carolina whose water supplies contain the optimum level of fluoride. These water supplies serve 1,199,882 persons. This population represents 66.5 per cent of the urban population of North Carolina.

The "Little Jack" puppet show was made into a film during the year and was used by local dental societies and health departments in the promotion of local dental health programs. In addition, the Division of Oral Hygiene, in co-operation with the Committee on Children's Dental Health, produced a television film entitled, "The Lacti Story." This film was shown over three television stations during National Children's Dental Health Week.

These films are available from our film library for use upon request. Four thousand posters for National Children's Dental Health Week were prepared and distributed to schools and health departments.

At the request of local dentists, the staff has participated in special dental surveys in several communities; has provided data and information on dental needs for specific age groups to several committees of the North Carolina Dental Society; has participated in health careers programs; and has distributed educational materials to dentists and civic groups.

The Division of Oral Hygiene is cognizant of and appreciates the continued support and co-operation of dentists throughout the state. The staff of the Division welcomes opportunities to serve both the people and the dental profession of North Carolina.

Fluoridation: For those communities seeking the benefits of fluoridation, a publication, "How to Get the Benefits of Fluoridation for Your Community," is available, upon request, from the Central Office in Raleigh.

Resolutions

1. **Resolved,** that the North Carolina Dental Society go on record encouraging the aggressive approach in providing fluoridation for those communities which do not have the benefit of communal fluoridation.

2. **Resolved,** that the North Carolina Dental Society go on record urging and encouraging its members to motivate young high school students to pursue careers in dentistry.

3. **Resolved,** that the responsibility of co-ordinating and implementing a Careers in Dentistry Program in the best interest of the profession be assigned to the proper Standing Committee by the President, or that he appoint a Special Committee for this purpose.

Action by House of Delegates: Resolutions 1, 2, and 3 were adopted May 6, 1963.

COUNCIL ON DENTAL HEALTH AND INFORMATION

SUPPLEMENTAL REPORT 1

Safety Belts in Automobiles: The 1962 House of Delegates of the American Dental Association adopted the following resolution:

"**Resolved,** that the American Dental Association vigorously support the efforts of the National Safety Council to make the public aware of the effectiveness of automobile seat belts in saving life and reducing the incidence of injuries, particularly those resulting from blows to the face and head, and be it further

"**Resolved,** that constituent and component dental societies be urged to co-operate with other state and local organizations in promoting the safety measure in their communities, and be it further

"**Resolved,** that individual dentists be motivated to follow the practice themselves and to encourage their patients and fellow citizens to do so."

Resolutions

Resolved, that consideration and study of the resolution adopted by the American Dental Association on safety belts in automobiles be assigned to a standing committee or a special committee for action in the best interest of the profession.

Action by House of Delegates: Resolution adopted May 6, 1963.

ENTERTAINMENT COMMITTEE

D. W. Seifert, Jr., *Chairman*

W. Harrell Johnson — Baxter B. Sapp, Jr.

Meetings: The Committee met in Pinehurst, January 12, 1963.

Assignments: The Committee has been assigned the responsibility of making all arrangements for the entertainment, banquet and dance at the 1963 Annual Session.

The Banquet: Dr. W. Harrell Johnson will be in charge of the annual banquet and will serve as Toastmaster.
Dr. Albert G. Edwards, Pastor, First Presbyterian Church of Raleigh, will be the guest speaker at the banquet.
Arrangements for favors have been made.
It is requested that the Arrangements Committee provide amplifying equipment for the banquet to supplement the amplifying system already installed in the dining room by the hotel. The hotel equipment alone has not proved satisfactory, based on experience last year.

Dance: Dr. Baxter B. Sapp, Jr., will be in charge of the dance. A "no break" dance for the official family is planned in the early hours of the dance, immediately following a short Grand March. No introductions will be made.

Appropriation: It is anticipated that Committee expenditures will be well within the budgeted appropriation of $875.00.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

ETHICS COMMITTEE

Thomas M. Hunter (1967), *Chairman*

W. K. Griffin (1963) — A. C. Current, Jr. (1964)
W. Stewart Peery (1965) — H. K. Thompson (1966)

Meetings: The Committee has held no meetings since the 1962 Annual Session. All work has been done by correspondence.

Assignments: The Committee received no assignments from the 1962 House of Delegates.
Several requests for rulings on ethics were received and supplied. One instance of a dentist inserting an announcement in a newspaper was called to the attention of the Chairman and was resolved without difficulty.

Revision of Section 13 of "Code of Ethics": In 1960 the House of Delegates amended the *Code of Ethics* to prohibit the insertion of any paid dental practice announcements in newspapers. This was done to conform to an advisory opinion by the ADA Judicial Council which held that "dental practice announcements entered as paid advertisements in the public press are unethical."
Subsequently, the ADA Judicial Council has revised its advisory opinion on the matter, and has ruled that "a dentist my insert a paid announcement of his dental practice in a local newspaper on a restricted basis only where such method of communicating information is deemed in the best interests of the public and the profession as determined by the appropriate component dental society."

In view of this revised advisory opinion, and because the committee feels that the 1960 amendment unduly limits the dentist in informing patients and the public of his opening an office or changing the location of his office by the most practical means available to him, the Committee proposes that Section 13 of the *Code of Ethics* of the North Carolina Dental Society be amended. An appropriate resolution, therefore, is submitted.

Resolutions

Resolved, that Section 13, *Code of Ethics*, entitled "Cards, Letterheads, and Announcements" be amended by the insertion of the following paragraph after paragraph two:
"A formal paid announcement may be placed in a newspaper following the opening of an office or the change in location of an office, for the purpose of informing the public. Such announcement may be carried for ten (10) consecutive issues and must not exceed two standard newspaper columns in width and an equal dimension in height. They must have a dignified and conservative appearance, and state only the pertinent information as in an announcement card."

Action by House of Delegates: Resolution adopted May 7, 1963.

EXHIBIT COMMITTEE

W. Penn Marshall, *Chairman*
Gerald M. Cathey, *Co-Chairman*

John W. Girard — John T. Hughes
Ledyard E. Ross

Floor Plan Enlarged: In co-operation with the hotel, more floor space was made available for the commercial exhibits area. Six more booths were added to last year's floor plan. A total of 85 exhibit spaces were offered for rent.

Sale of Exhibit Space: Over 200 prospective exhibitors were invited to rent space at $85.00 each. All 85 spaces were sold well in advance of the meeting, and produced a gross revenue of $7,225.00.

Decorating: Shepard Decorating Company of Atlanta has been employed for setting up and decorating the commercial booths. This company has served the Society for years in this capacity, and their service has been excellent.

Exhibits to Open Sunday: With the approval of the Executive Committee, the commercial exhibits will open at 1:00 p.m. on Sunday and close at 5:00 p.m. on Tuesday. Previously, the exhibits opened at 9:00 a.m. Monday and closed at 11:30 a.m. Wednesday. At the suggestion of several of the exhibitors, we are trying this new schedule. The exhibitors disliked the idea of staying over Tuesday night for just 2½ hours of exhibiting on Wednesday morning.

Entertainment for Exhibitors: We have built up a good reputation among our exhibitors through the years. We want to continue this record. We feel that the custom of entertaining the exhibitors at a social hour is responsible in a large measure for the excellent relations established with the companies who exhibit with us. A large percentage of them return year after year. We shall again entertain the exhibitors at a party on Monday.

Door Prizes: As a means of encouraging attendance on the last day of the Annual Session, the Committee will continue the custom of awarding several door prizes at the conclusion of the General Session Wednesday morning.

Appropriation: The Executive Committee appropriated $1,810.00 for the Exhibit Committee in 1963. We expect to stay within our budget.

Resolutions

This report is informational in nature and no resolutions are presented.
Action by House of Delegates: Received for information May 5, 1963.

SCIENTIFIC EXHIBITS COMMITTEE

GERALD M. CATHEY, *Chairman*
JOHN T. HUGHES

Meetings: There were no formal meetings of this committee. It appeared that the most expedient means of arranging for exhibits was to have one person handle all correspondence; in this instance, the Chairman.

Assignments: To secure Scientific Exhibits for presentation at the Annual Session of the North Carolina Dental Society.

Results: The Scientific Exhibits Committee has secured a total of 15 exhibits for presentation. The exhibits are as follows:

1. American Cancer Society—"Role of the Dentist in Cancer Control"
2. Dairy Councils of North Carolina
3. "Management of Maxillofacial Injuries"—Dr. Nicholas G. Georgiade
4. National Institutes of Health—"Clinical Research at National Institute of Dental Research"
5. Department of Health, Education and Welfare—"Protect Your Patient's Heart"
6. Durham Industrial Education Center—"Industrial Education Center, Department of Dental Laboratory Technology"
7. North Carolina Heart Association, Inc.—"Dental Practice and the Cardiac Patient"
8. United States Air Force
9. School of Dentistry—"Dental Treatment for Handicapped Children"
10. Burlington Industrial Education Center—"Dental Assistant Training Program"
11. North Carolina Division of Oral Hygiene—"My School Dentist Told Me About . . . "
12. North Carolina Dental Assistants Association—"The Trained Dental Assistant"
13. North Carolina Dietetic Association—"Your Heart and Your Weight"
14. "Mouth Guards for Contact Sports"—Dr. Dwight L. Clark
15. "Dentistry During the Civil War"—Dr. Neal Sheffield

As suggested in the preceding year, a representative of the Scientific Exhibits Committee attended the Annual Meeting of the American Dental Association to obtain exhibits of National significance. We recommend that this procedure be adopted again for the following years.
It is anticipated that other significant exhibits will be obtained from the State Science Fair to be held April 5 and 6, 1963.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: The following resolution was adopted May 6, 1963:

"**Resolved,** that a representative of the Scientific Exhibits Committee attend the annual meeting of the American Dental Association to obtain exhibits of national significance."

HOSPITAL DENTAL SERVICE COMMITTEE

P. B. Whittington (1963), *Chairman*

E. U. Austin
Dwight L. Clark
Hylton K. Crotts
William P. Hinson, Jr.
James H. Love
Arthur C. Riddle, Jr.

Meetings: None. This Committee has not been called upon to function this year.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

HOSPITALITY COMMITTEE

A. Dwight Price, *Chairman*

Luther H. Butler
David P. Dobson
C. L. Sockwell
Robert W. Sugg

Duties at Annual Session: The Hospitality Committee will be responsible for the proper entertaining of clinicians and out-of-state VIPs to include:
1. Meeting essayists and speakers at hotel and arranging for them to be accompanied to all meetings, the reception, banquet and dance, etc.
2. Fruit baskets and flowers to be supplied to VIPs' rooms.
3. Making all arrangements for the Social Hour on Monday at 5:00 p.m.

Budget: Reception $120.00. Fruit baskets for VIPs, $20.00.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

INSURANCE COMMITTEE

W. W. Rankin (1963), *Chairman*

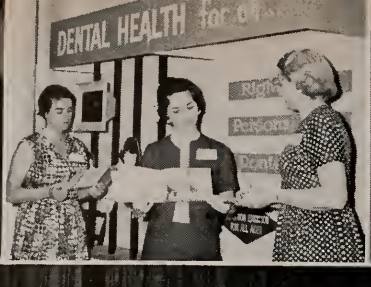
T. L. Blair (1964)
C. Don Gerdes (1965)
John S. Dilday (1966)
Charles T. Barker (1967)

Meetings: The Committee held meetings on September 16, 1962, and March 17, 1963.

Assignments: The 1962 House of Delegates approved "the employment of a competent, independent insurance counselor to assist the Insurance Committee in offering a well-rounded program of group insurance, and that such counselor be paid for his consultative services only."

Counselor Sought: The Committee attempted to find a competent and independent insurance counselor. The qualifications of several applicants for the position were reviewed and studied. Although their competence was evident, none were "independent" per se. Some advertised as insurance counselors, but they were actually insurance agents.
All applicants indicated that they would work on either a flat consultative fee basis or on a contingency basis, and were in a position to act as a "broker of record." It was apparent from the proposals that it would be a good deal cheaper to employ insurance counsel on a contingency basis. Failing to find an insurance counselor with the required qualifications,







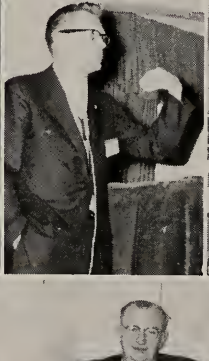






107th Annual Session

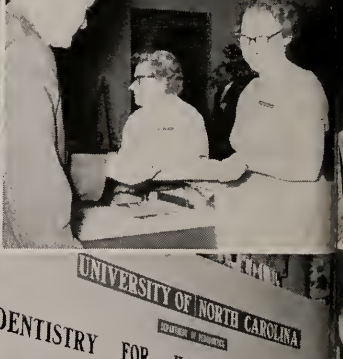

























Pinehurst—May 5-8, 1963

Photos by J. Ernest Roberts and C. C. Diercks












the Committee approached Mr. J. L. Crumpton of Durham to determine if he would be interested in serving in an advisory capacity to the Committee. Since 1943 Mr. Crumpton has administered in a very commendable way the Society's disability program, and it was felt that his experience in the group insurance field with the dental and other health professions would benefit the Committee. Mr. Crumpton indicated he would be happy to serve the Committee in this capacity.

Endorsement to Disability Plan: Three endorsements to the present Group and Accident Plan underwritten by the Commercial Insurance Company of Newark were approved by the Committee and submitted to the Executive Committee. Subsequently, all were approved by the Executive Committee and are now in effect. They provide: (1) An increase of indemnity from $150 to $250 weekly. (2) Sickness indemnity from inception of disability to age 65. (Previously sickness indemnity was limited to 7 years).

(3) A completely new policy available at age 70, which can be carried as long as the insured is in active practice, regardless of age.

Pension Plans: Subsequent to the passage of the Keogh Bill, several proposals were received from banks, insurance companies, and investment firms for the establishment of group retirement programs on a state-wide basis.

In view of the ambiguous and limiting provisions of the law which allows self-employed professional men to participate in tax-deferred retirement programs, the Committee did not consider it advisable to make available a retirement program on a state-wide basis at this time. The Committee noted that specific benefits to be gained will vary greatly on the dentists' income, present age, age at retirement, and the number of employees. The individual dentist will need to figure out, in the light of his own situation, whether or not it would be good business. Further, until regulations implementing the law are established by the Treasury Department, the actual benefits of the Keogh Act to the dentist will remain cloudy.

Professional Liability Plan Proposed: A proposal by an insurance company to establish a professional liability plan on a state-wide basis was considered by the Committee. With the endorsement by the Society, the company would undertake to write coverage for individual dentists at standard rates now on file with the Insurance Department. Should participation approximate 50 per cent of the membership, the company, during the enrollment year, would begin the accumulation of premium and loss data. After two full years of favorable experience, the company would file a request for a lower rate with the Insurance Department. It was the considered opinion of the company that, although a rate reduction could not be guaranteed, sufficient evidence in support of a lower rate could be expected. This would result in substantial savings to those insured under the plan.

Group casualty plans are not permissible in North Carolina. Therefore, this is not actually a group plan such as hospitalization or accident and health. It is a method by which lower rates for professional liability insurance can be made available to the membership.

Each dentist would have his own individual contract for whatever limits he desired.

Since it is advantageous for a dentist to place his premises liability insurance with the same insurer which underwrites his professional liability insurance, to avoid any question of responsibility in paying claims, the company suggested that premises liability also be included in the plan.

The Committee was favorably impressed with this proposal and an appropriate resolution is submitted at the end of this report.

Over-head Business Expense Plan Proposed: A proposal outlining a state-wide group Over-head Business Expense Plan was studied by the Com-

mittee. It was noted that the plan was now in effect in the Second and Third Districts with a total of approximately 100 members participating, and that the Fourth District had expressed interest in the plan.

The Committee agreed that it is far better that the Society sponsor a limited number of group programs which would benefit the greatest number and fill the greatest need, and that to increase the number of programs without adequate demand for them would endanger and weaken those now in force.

With this in mind, the Committee agreed that it would not endorse an Over-head Business Expense program on a group basis at this time.

Complaint of Member: A member of the First District complained that the underwriters of the Group Major Hospital Expense Policy had wrongfully denied his claim. The President and the Executive Committee referred the matter to the Insurance Committee for investigation.

From affidavits submitted by the insurance company and a study of the provisions of the policy, the Committee unanimously agreed that the insurance company had properly denied the claim.

Resolutions

Resolved, that the Insurance Committee be authorized to initiate a plan on a state-wide basis for the purchase of professional liability insurance by members, to the end that such plan might eventually result in rate reduction and a consequent saving to the members.

Action by House of Delegates: Resolution adopted May 7, 1963.

LEGISLATIVE COMMITTEE

H. Royster Chamblee (1965), *Chairman*

E. U. Austin, *Secretary* (1963)
S. W. Shaffer (1964)
Paul E. Jones (1966)
Dennis S. Cook (1967)

Meetings: The Committee met on January 20, 1963, in the Central Office.

Assignments: Resolutions adopted by the 1962 House of Delegates directed that:

(1) The Legislative Committee and counsel prepare and cause to be submitted to the next session of the General Assembly of North Carolina amendments to the General Statutes: (a) eliminating the provision that one member of the North Carolina Medical Care Commission be nominated by this Society for appointment by the Governor; and (b) eliminating the provision that this Society be represented on the Mental Health Council.

(2) The Legislative Committee be empowered to introduce legislation at the next General Assembly of North Carolina enabling dentists and other professional people to incorporate if, upon investigation, such action was deemed desirable.

(3) A proposed specialty law be rejected and that it be referred to the Legislative Committee for re-drafting in a more definitive form for presentation to the 1963 House of Delegates.

The Executive Committee authorized the Legislative Committee to seek "Good Samaritan" legislation at the next General Assembly to protect dentists rendering emergency treatment in the event of accidents or common disasters.

Amendments to General Statutes: Legal Counsel has been directed to prepare and introduce at the appropriate time in the 1963 General Assembly of North Carolina legislation which would:

(1) Eliminate the provision for the nomination of a member of the North Carolina Medical Care Commission by the North Carolina Dental Society by striking the words "one member of the North Carolina Dental Society," and inserting the words "one member shall be a dentist licensed to practice in North Carolina, appointed by the Governor."

(2) Eliminate the provision for a representative of the Mental Health Council by striking the words, "Dental Society of North Carolina."
A full account of the endeavors of the Committee in behalf of these amendments will be contained in a supplemental report.

Incorporation of Dentists: The Legislative Committee contacted the North Carolina Bar Association and the Medical Society of the State of North Carolina in this matter. Both groups were proceeding cautiously.

The Committee noted that the American Dental Association advises members to proceed with great caution in the use of incorporation as a tax-saving instrument, and that it is still an unproved mechanism. The ADA pointed out that some 250-300 cases of professional corporations were pending before the Internal Revenue Service.

In view of the above, the Legislative Committee decided it was not advisable to initiate enabling legislation for professional corporations in the 1963 General Assembly, but, in the event such legislation acceptable to the Society is introduced, the Legislative Committee would support it.

Limitation of Specialty Practice: The 1962 House of Delegates rejected a resolution on limitation of practice and referred it to the Legislative Committee for re-drafting in a more definitive form for presentation to the 1963 House of Delegates.

At the request of the Chairman of this Committee, President Baker appointed the following special committee to assist in implementing this mandate: Drs. Olin W. Owen, Chairman; T. G. Nisbet, F. D. Bell, W. J. Turbyfill, S. W. Shaffer, Dennis S. Cook, and Luther H. Butler.

A report on this matter will be filed in a supplemental report.

"Good Samaritan" Legislation: At its meeting September 16, 1963, the Executive Committee authorized the Legislative Committee to seek "Good Samaritan" legislation in the 1963 General Assembly to protect dentists rendering emergency treatment in the event of accidents.

The Committee investigated the advisability of such legislation and learned that:

(1) Research by the legal staff of the American Medical Association and by insurance companies had failed to uncover any actual incidents where physicians were held liable for rendering emergency aid.

(2) The constitutionality of such legislation has been questioned on the basis of its being discriminatory, i.e. a physician, but not a layman, rendering emergency care, would be protected.

(3) Where state legislatures considered such legislation, a certain amount of unfavorable publicity was generated.

(4) The Medical Society of the State of North Carolina would not sponsor such legislation, but it would support it if introduced by the Dental Society.

On the basis of the above information, the Legislative Committee decided to refrain from introducing "Good Samaritan" legislation in the General Assembly.

Kerr-Mills Legislation: President Baker appointed a special committee to co-operate with the Medical Society of the State of North Carolina and other health groups in drafting legislation to permit North Carolina to

participate in the Kerr-Mills program. The Legislative Committee notes that the Society is on record favoring this program of health care for the aged and opposing any such program tied to Social Security. The Committee will lend its support to this legislation.

Laboratory Licensure: The ADA advised that dental laboratories in several states intend to sponsor licensure legislation in 1963. Should such legislation be introduced in the General Assembly, the Legislative Committee will be prepared to lead efforts to defeat it.

Liaison Dentists: A list of liaison dentists to members of the 1963 General Assembly and North Carolina Congressmen in Washington has been prepared by the Legislative Committee and the Executive Secretary. These dentists will be prepared to contact their assigned legislators in support of the Society's legislative efforts when needed.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 8, 1963. The following resolution was adopted May 6, 1963:

"**Resolved,** that the Legislative Committee take immediate and proper steps to attempt to have it made clear that dentists are protected by the two so-called 'Good Samaritan' bills, H.B. 735 and S.B. 366, currently before the North Carolina General Assembly."

LEGISLATIVE COMMITTEE

SUPPLEMENTAL REPORT 1

1962 Resolution on Limitation of Practice: The 1962 House of Delegates referred the following resolution on limitation of practice to the Legislative Committee for re-drafting in a more definitive form for presentation to the 1963 House of Delegates.

"**Resolved,** that this House of Delegates go on record in favor and support of an amendment to the General Statutes of North Carolina governing and regulating the practice of dentistry by vesting in the North Carolina State Board of Dental Examiners the following additional powers and duties, to wit:

"(1) To adopt rules defining recognized areas of specialty practice, including Dental Public Health, Oral Pathology, Oral Surgery, Orthodontics, Pedodontics, Periodontics, Prosthodontics, and such other areas as said Board may establish.

"(2) To establish uniform standards for certification in defined specialties.

"(3) To certify successful applicants for specialty practice.

"(4) To prohibit any practitioner from claiming a specialty until duly certified.

"**Be It Further Resolved,** that the Legislative Committee be and it is hereby directed to take all action necessary to the end that suitable legislation shall be introduced at the 1963 Session of the North Carolina General Assembly."

Special Committee Appointed: At the request of the Chairman of the Legislative Committee, President Baker appointed the following special committee to assist in the re-drafting of the resolution: Drs. Olin W. Owen,

Chairman; T. G. Nisbet, F. D. Bell, W. J. Turbyfill, Dennis S. Cook and Luther H. Butler.

Report of Special Committee: The Special Committee has submitted a report to the Legislative Committee. The Legislative Committee acknowledges with appreciation the work of the Special Committee reflected in its report, which pointed out:

(1) That ten states now have statutory regulations pertaining to limitation of practice, including: Illinois, Kansas, Michigan, Missouri, Nevada, Oklahoma, West Virginia, Kentucky, Tennessee and South Carolina.

(2) That the American Dental Association now recognizes seven areas of specialty practice and each has a recognized national organization and specialty boards with unusually high standards for certifying diplomates.

They are: orthodontics, oral surgery, oral pathology, periodontics, pedodontics, prosthodontics and public health.

(3) That Section 18 of the ADA Principles of Ethics was revised in 1962 to include a statement that the use of the terms "Specialist in . . ." or "Specialist on . . ." be discouraged and that the use of the phrase "Practice Limited to . . ." is preferable.

(4) That any statutory regulation on limitation of practice is for the benefit of the public.

The report outlined in detail the powers to be vested in the State Board of Dental Examiners to implement, regulate, and enforce statutory regulations on limitation of practice in North Carolina. The Legislative Committee commends the special committee for its comprehensive proposals for accomplishing a certification program for dental specialties in the state. The proposals are included in Appendix 1 of this report.

ADA Policy: The 1961 House of Delegates of the American Dental Association adopted the following resolution (Trans. 1961:219)

"Resolved, that after January 1, 1963, all members of the Association who have not previously announced limitation of practice and who desire to announce themselves as limiting their practice exclusively to one of the areas approved by the American Dental Association be required to complete two or more academic years of advanced education as specified by the certifying boards, essentially all of which must be in or directly related to the selected areas, or to possess a state license permitting announcement in an area approved by the American Dental Association."

And at its meeting in January 1962 (Trans. 1962:185) the Board of Trustees agreed that a dentist has a right to limit his practice in any way that suited his preference or his needs, and that, so long as this limitation was not announced to the public, the dentist would not violate the *Principles of Ethics* established by the Association.

The committee feels that these ADA policies should be considered in any discussion of statutory regulation of limitations of practice.

The 1962 House of Delegates revised Section 18 of the *Principles of Ethics* to read (Trans. 1962:257):

"Section 18. Announcement of Limitation of Practice. Only a dentist who limits his practice exclusively to one of the special areas approved by the American Dental Association for limited practice may include a statement of his limitation in announcements, cards, letterheads, and directory listings (consistent with the customs of dentists of the community), provided at the time of the announcement, he has met the existing educational requirements and standards set by the American Dental Association for members wishing to announce limitation of practice or possess a state license permitting announcement in an area approved by the American Dental Association.

"In accord with established ethical ruling that dentists should not claim or infer superiority, use of the phrases, 'Specialist in . . .' or 'Specialist on . . .,' in announcements, cards, letterheads or directory listings should be discouraged. The use of the phrase 'Practice limited to . . . ' is preferable."

The Committee believes that this amendment will serve as a guide line in the drafting of statutory limitation of practice.

The Committee notes that a policy statement approved by the House of Delegates in 1959 (Trans. 1959:205) expresses the view that the private system for regulating and advancing specialty practice within dentistry is preferable to the legal system under state dental laws. In support of this policy the Council on Dental Education advocates that states not having statutes for the recognition of specialists in the practice of dentistry should not initiate or support legislative proposals for this purpose at the present time (Trans. 1960:218).

Action of Committee: The Legislative Committee was directed to re-draft and re-submit in more definitive form the resolution of 1962. Two resolutions are submitted at the end of this report. They are submitted without prejudice by the Legislative Committee in its effort to carry out the directives of the 1962 House of Delegates.

Conference on Specialties: The ADA Council on Dental Education has announced a conference May 24-25, 1963, at the ADA Headquarters in Chicago for a review and discussion of policies related to qualifications of candidates for certification in special areas of dental practice. The Legislative Committee strongly urges that the North Carolina Dental Society be represented at this Conference.

1963 Legislation: The Committee is pleased to report that in accordance with a directive from the 1962 House of Delegates, two bills were prepared and submitted to the 1963 General Assembly on April 15, 1963. Both were introduced in the House by Representative Thomas H. Woodward of Wilson. They are:

H.B. 549 to eliminate the nomination of a member of the Medical Care Commission by the North Carolina Dental Society.

H.B. 550 to eliminate the provision for a representative of the North Carolina Dental Society as a member of the Mental Health Council.

The bills were reported on favorably by the House Committee on Public Health, passed by the House April 19 and sent to the Senate. The Senate has referred them to its Judiciary I Committee, which will hold a hearing on them on May 7.

Resolutions

1. **Resolved,** that the House of Delegates approve in principle the statutory regulations of limitation of practice in North Carolina.

2. **Resolved,** that legislation for the statutory regulation of limitation of practice in North Carolina be drafted and submitted to the 1964 House of Delegates for approval.

Action by House of Delegates: Resolutions 1 and 2 were rejected May 6, 1963.

LEGISLATIVE COMMITTEE

SUPPLEMENTAL REPORT 1

APPENDIX 1

In its report to the Legislative Committee, the Special Committee on Limitation of Practice proposed that the following provisions be incorporated in a statutory regulation of limitation of practice in North Carolina.

Definitions

1. "Acts" as used herein refer to the Dental Practice Act.

2. The words "licensee" and "registrant" shall mean any legally licensed and registered dentist.

3. "The Board" or "State Board" shall mean the State Board of Dental Examiners.

Authority

1. The State Board of Dental Examiners shall be vested with authority to make, prescribe, and enforce any and all reasonable rules and regulations pertaining to and connected with the application for issuance and tenure of any certificate to limit practice to one of the specialties recognized by the American Dental Association.

2. The State Board of Dental Examiners shall cause said rules and regulations to be printed and shall furnish each applicant for a certificate with a copy of said rules and regulations upon receipt of the application and the fee for certification. The State Board will issue to each applicant who has satisfactorily complied with all the provisions of the Act, and these rules and regulations, a certificate for limitation of practice, of such form and size as may be determined. This certificate shall show the name or designation of the specialty of dentistry for which the license is certified. Each certificate will have imprinted thereon the seal of the State Board and will contain such pertinent matter as may be prescribed and signed by each member of the Board, showing that the Dental Practice Act has been complied with as required.

3. No certificate shall be granted unless the applicant presents satisfactory intent to limit his practice to his chosen specialty, as defined in the Dental Practice Act. Failure to do so, the license is automatically revoked, but may be reinstated without examination at the discretion of the Board, when practice is confined to the specialty.

4. Every person who desires to obtain a certificate to practice a specialty of dentistry shall apply therefor to the State Board in writing and upon blanks prepared and furnished for the purpose. Examination for certification of limitation of practice shall be held annually or as the Board may determine.

Enforcement

1. The State Board may, upon its own motion, and shall upon the verified complaint in writing of any person, provide such complaint, or such complaint together with evidence, documentary or otherwise, presented in connection therewith, shall make out a prima facie case, investigate the actions of any holder of a certificate to limit practice, or of any licensee or other person who has by false or fraudulent representation obtained or sought to obtain a certificate to practice a specialty of dentistry; and the State Board shall have the power to suspend or recall any certificate issued, at any time, where the holder of such certificate is found guilty of violation of any of the provisions of the Dental Practice Act enumerated as causes for revocation or suspension of a dental license in North Carolina.

2. Revocation or suspension of license to practice dentistry shall auto-

matically cancel any certificate to limit practice to a recognized dental specialty. The Dental Practice Act shall be followed relative to suspension or recall of a certificate by the State Board.

3. Violations of any rules and regulations issued by the State Board carry the same penalties as are provided for violations of any provisions of Act.

4. Notice of proposed amendments to these rules must be sent to each member of State Board at least one week prior to the meeting at which amendment is to be offered. An amendment shall be adopted on the affirmative vote of two-thirds of the members of the State Board.

5. The rules and regulations are not to be intended to cover questions that may arise relative to the administration and endorsement of The Act, nor to the particular section of The Act to which these rules apply.

Rules and Requirements for Certifications as "Practice Limited To"

1. An applicant for a certificate to limit practice license shall be required to file application with the Secretary of the State Board at least 90 days prior to a regular or called session of the Board.

2. The applicant shall be required to send a certified check or money order in the amount of (Suggested twice as much as dental applicant or more) along with the application to the Secretary of the Board.

3. The applicant and his application will be reviewed by the Board. If the applicant's qualifications are accepted, he or she will be permitted to take examination.

4. Dental practitioners who are requested to certify to an applicant's qualifications for limitation of practice shall be warned and advised of the seriousness of perjury in making affidavits or endorsing applicants for dental specialties.

Qualifications and Requirements of the Applicant for Certification

The applicant:

A. Shall be a citizen of the United States.

B. Shall be licensed to practice dentistry in the State of North Carolina.

C. Shall have completed all requirements as set forth by the ADA, the certifying boards of the Dental Specialties recognized by the ADA.

D. Shall submit all necessary documentary evidence of satisfactory graduate training and acceptable preceptorships acceptable to ADA and Certifying Boards of ADA.

E. Shall submit a certified transcript in order to be acceptable to become an applicant to take the written and practical examination of the Board.

F. Shall satisfactorily pass a suitable examination prepared by the State Board in order to ascertain the proficiency in the selected given field in which the applicant for the "Practice Limited To" is being made.

Other Provisions

1. The penalty for any violation of the above law pertaining to malpractice, felony or otherwise shall be the same as set forth in the Dental Practice Act of North Carolina.

2. No person having completed university training or a recognized and certified approved preceptorship shall announce to the public through the use of cards, telephone listings, newspapers or otherwise that he has or is limiting his practice until such time that he or she has complied with this law and has been granted a dental specialty license.

3. *(Grandfather Clause)* An approved dentist who is licensed and qualified to practice dentistry in the State of North Carolina may obtain a "Practice

Limited To" certificate within six months from the date of enactment. He must submit satisfactory evidence that for five years prior to this time he was holding himself out and recognized as one entirely limiting his practice to the special branch of dentistry for which his license is sought. This may be secured by paying the proper fees and complying with all provisions of the Dental Practice Act.

LEGISLATIVE COMMITTEE

SUPPLEMENTAL REPORT 2

"Good Samaritan" Legislation: In view of the fact that two so-called "Good Samaritan" bills are now pending in the North Carolina General Assembly (H.B. 735 and S.B. 366), the Legislative Committee proposes to take immediate and proper steps to attempt to have it made clear that dentists are protected by the bills.

Action by House of Delegates: Adopted May 6, 1963.

LIBRARY AND HISTORY COMMITTEE

Neal Sheffield (1963), *Chairman*

F. O. Alford (1964)
H. R. Chamblee (1967)
M. M. Lilley (1966)
S. H. Steelman (1965)

Meetings: This Committee held a meeting on February 10, 1963, in the Central Office of the North Carolina Dental Society in Raleigh.

Assignments: At the suggestion of President E. D. Baker and others, the Committee directed its efforts in the development of a memorial exhibit depicting the part played by dentists during the Civil War, in celebration of the Hundredth Anniversary of the Civil War. The exhibit is to be displayed at the Annual Session of our Society at Pinehurst, May 5-8, 1963.

Results of Study: A study of this subject by your Committee uncovered much historical data on the dental veterans, and where possible, photographs and military information were secured. In addition, the exhibit will show old instruments used by the profession in that era, historical documents, and many other objects that had a bearing on the War Between the States.

History of Society: The 1962 House of Delegates adopted the following recommendation to this Committee:

"1. That a survey of the membership of our Society be conducted to determine if we have a member experienced enough in historical writing to write the history, and who has the time and energy to develop it.

"2. That in the event a person as stated above is not found in our ranks, that the Society employ a professional writer to complete this history."

Your Committee has not been successful in locating a member of our Society, or a professional writer, who would be willing to bring the History of the North Carolina Dental Society from 1939 to the present time.

Resolutions

Resolved, that the Library and History Committee continue its work on the exhibit of dentistry during the Civil War era, enlarge and refine it, encourage members to contribute to it, and that the exhibit be displayed again at the 1964 Annual Session, and be it further

Resolved, that the exhibit ultimately be placed permanently in the proper institution where it will be viewed by the largest number of people.

Action by House of Delegates: Resolution adopted May 6, 1963.

MEMBERSHIP COMMITTEE

S. B. Towler, *Chairman*

Boyce A. Brawley
M. M. Forbes
W. L. Hand, Jr.
L. D. Herring
T. E. Sikes, Jr.

Membership in 1962: As of December 31, 1962, we had a total of 1,198 fully privileged members in good standing. The breakdown furnished by the Central Office follows:

December 31, 1962

District	Active	State Life	Total	*ADA Life	†Retired	Dropped from Roll
1	223	23	246	20	0	1
2	263	40	303	35	2	1
3	244	29	273	22	1	1
4	160	30	190	25	1	3
5	150	36	186	30	0	0
	1,040	158	1,198	132	4	6

* Included in Total column
† *Not* included in Total column

Delegates to ADA: We have received official word from the American Dental Association that North Carolina has been allocated 6 delegates for the 1963 Annual Session. This is the same representation we have had for the past several years.

Membership in 1963: As of March 31, 1963, we had a total membership of 1,222. The breakdown furnished by the Central Office follows:

March 31, 1963

District	Active	State Life	Total	*ADA Life	†Retired	Delinquent
1	228	22	250	21	0	5
2	269	41	310	39	2	7
3	254	30	284	24	1	8
4	168	30	198	30	1	3
5	146	34	180	28	0	1
	1,065	157	1,222	142	4	24

* Included in Total column
† *Not* included in Total column

This shows a net gain in membership of 24. This can be accounted for as follows:

Membership December 31, 1962		1,198
New Members		40
		1,238
Deceased	9	
Resigned	6	
Dropped (License revoked)	1	16
Membership March 31, 1963		1,222

It is noted that the delinquent list is unusually large this year. Twenty-four members had not paid their 1963 dues by the March 31 deadline.

Membership Recruitment: The Chairman of this Committee presented a paper on Membership Recruitment at the District Officers' Conference in December, urging an active recruitment program, not only by Districts,

but by individuals, on a full-year basis. Too often this responsibility is left to the Membership Committee. To be successful, all members must be made recruitment conscious.

Resolutions

Resolved, that it be made a matter of record that the following did not pay their 1962 dues by December 31, 1962, and, according to Article VI, Section 6, of the Bylaws, have been dropped from the roll:

First District—Dr. Edgar B. Mackie, Granite Falls
Second District—Dr. Robert N. Hunt, Lexington
Third District—Dr. Oma H. Hester, Norwood
Fourth District—Dr. R. M. Blackman, Selma
Dr. James E. Butler, St. Pauls
Dr. Worrell K. Lindsay, Fayetteville

Action by House of Delegates: Resolution was adopted May 6, 1963 with the addition of the following clause:
"And be it further

Resolved, that the district societies be urged to contact these members and classify all hardship cases as retired members."

MILITARY AND VETERANS AFFAIRS COMMITTEE

J. Harry Spillman (1967), *Chairman*

L. D. Herring (1963)
Coyte R. Minges (1964)
H. E. Plaster (1966)
Guy R. Willis (1965)

Meetings: No meetings held.

Assignments: No assignments given.

Duties Performed: Much study was given to all literature available on subject of "Role of Dentist in Civil Defense." All persons were consulted who could give information on the subject. Decision was reached that the most effective approach was to inform local societies of the urgency outlined by resolution of American Dental Association with prior approval of office of Civil Defense Mobilization and the American Medical Association. In accordance with this decision, packets are being sent to Presidents of all local societies.

Resolutions

Resolved, that all local societies establish a Civil Defense Committee and, through co-operation with local medical societies, Civil Defense officials, and Red Cross officials, secure training necessary to comply with directives of the A.D.A. in the report to the 1960 House of Delegates.

Action by House of Delegates: Resolution adopted May 6, 1963.

MONITOR COMMITTEE

Robert H. Gainey, *Chairman*
Worth M. Byrd, *Co-Chairman*

Donald E. Bland
Marshall B. Corl
Frank H. Daniel
John H. Dixon
David H. Freshwater
Richard F. Hunt, Jr.
William C. Keith
William E. Kidd
Lewis W. Lee
Walter T. McFall, Jr.
Zyba K. Massey
W. E. Neal
Edward N. Pridgen
Maurice B. Richardson
Junius H. Rose, Jr.
Neal Sheffield, Jr.
Robert A. Yates
William G. Ware, Jr.
William G. Whitehurst, Jr.
G. Curtis Wilson

Meetings: The Committee met at Pinehurst on January 12, 1963. Another meeting will be held at Pinehurst just prior to the 1963 Annual Session for a final briefing on arrangements and assignments.

Assignments: The Committee has been assigned the responsibility of providing monitors for all general and scientific sessions at the 1963 Annual Session.

Plans for 1963: The same general procedure used at our 1962 meeting will be followed. Five monitors will be on duty before each session, with a chairman personally responsible for his group. At all scientific sessions, four hand microphones will be available, and a monitor assigned to each of them. These monitors will be in addition to the five mentioned above. On Monday night twelve monitors will assist in the election of officers.

The hand microphones will also be manned.

We have a much larger committee this year and this will relieve the work load on everyone. The Committee should be in a better position to maintain and assist in making this meeting of the State Society a most successful one.

All sessions will be announced over the amplifying system in the hotel lobby at ten and five minutes prior to the hour, and on the hour of the meeting. Signs indicating a program is in session will be properly displayed at the door of each meeting, and in the hotel lobby. A large "Quiet Please, Convention in Session" sign will be placed in the hallway. We will continue to use the lighted blackboard at the left front of the stage for paging at all scientific sessions, and every effort will be made to keep the meeting as quiet and orderly as possible. Full co-operation will be given the Arrangements Committee Chairman in setting up equipment, projectors, movie screens, black-out curtains, etc. Monitors will be on hand at least twenty minutes before meetings are to begin, to receive final instructions.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

NECROLOGY COMMITTEE

J. Ernest Roberts (1966), *Chairman*

Boyce A. Brawley (1963)
Dewey Boseman (1964)
Marcus R. Smith (1965)
W. T. Pennell (1967)

Meetings: The Committee has held no meetings since the 1962 Annual Session. The work of the Committee was accomplished by correspondence.

Memorials for Deceased: Ten members have died since the 1962 Annual Session. They are:

Stuart A. Barksdale
William C. Current
Maurice O. Fox
D. Wallace Holcomb
J. Y. Hinson
R. Fred Hunt
Floyd G. Johnson
Charles G. Powell
Hubert A. Todd
Wallace W. Umphlett
Carlyle D. Wheeler

Memorials for each of the deceased members will be submitted to the Central Office for publication in the Transactions issue of the Journal.

Necrology Service: A Necrology Service, memorializing the members of the Society who have died since the 1962 Annual Session, will be con-

ducted at the opening of the General Session on Sunday night May 5, at 8:30 p.m. The program will be as follows:

Two sacred numbers—UNC School of Dentistry Glee Club
Reading of Scripture from the Book of Psalms
Roll Call of deceased members (A flower to be placed in vase as each name is called.)
Prayer
"The Lord's Prayer"—UNC School of Dentistry Glee Club

It is anticipated that the service will last from 12 to 15 minutes.

Appropriation Granted: The Committee submitted an appropriation request for estimated expenses of $90.00. It was approved by the Executive Committee to be expended as follows:

Music	$75.00
Flowers	15.00
Total	$90.00

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

ADVISORY COMMITTEE TO THE NORTH CAROLINA DENTAL ASSISTANTS ASSOCIATION

Kenneth M. Ray, *Chairman*

Roger E. Barton — F. Glen Gaither

Annual Meeting: Arrangements for the Annual Meeting of the North Carolina Dental Assistants Association May 4-7, 1963, at Pine Crest Inn, Pinehurst are complete. A social and dance will be held at Community Hall on Monday, May 6.

Table Clinic: The North Carolina Dental Assistants Association will present a table clinic at the 107th Annual Session of the North Carolina Dental Society.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

NORTH CAROLINA DENTAL SERVICE CORPORATION COMMITTEE

Samuel H. Isenhower, *Chairman*

Pearce Roberts, Jr. — Roy L. Lindahl
Wesley E. Kelley — Paul Fitzgerald, Jr.
J. S. D. Nelson — Dan Wright

Meetings: The Committee met on January 5, 1963, and March 2, 1963.

Assignments: In a letter to the Chairman of this Committee dated October 5, 1962, President Baker stated: "I hope the committee will continue to study the need for a dental service corporation in this state and make some detailed recommendations to the 1963 House of Delegates, including estimated cost for attorneys, actuaries, etc."

The Study: The Dental Service Corporation Committee has met on several occasions, and has devoted much time, thought, and correspondence to securing available documented information relating to dental service corporations.

The Committee has copies of articles of incorporation, rules, and regulations of various dental service corporations throughout the United States that could well be applied to our own organization. Articles for incorporating a North Carolina Dental Service Corporation have not been formulated by this Committee to present at this time because appropriations have not been allocated to this Committee for legal advice.

Definition: A dental service corporation is an organization which contracts with consumers, individually or in groups, for the provision of dental services on a prepaid basis and administers programs of dental service according to the terms of such contracts.

Purposes: The purposes of the corporation are:

1. To permit dental associations to participate in the growing prepaid dental care market.

2.To provide an opportunity for dentists in solo practice to participate in prepayment plans.

3. To preserve the private practice of dentistry and the traditional dentist-patient relationship.

4. To promote the provision of more dental care to more people through the mechanism of group purchase.

Cost of Legal Fees: It is estimated that legal fees will approximate $250-$300 initially to include: drawing up and filing articles of incorporation; organizing corporation; and preparing by-laws. These initial procedures would not put the corporation in business, however.

It would then be necessary to prepare contracts for participating subscribers and for participating dentists, tailored to North Carolina law. The contracts would then be submitted to the Insurance Commissioner for his approval, before the corporation could become active. The amount of reserve required for the corporation would have to be settled. An estimate of this second step cannot be made with any accuracy. It could involve a substantial sum.

Resolutions

1. **Resolved,** that the President appoint a committee of three in each of the five districts, the responsibilities of which shall be:

(1) To become acquainted with all available material relating to dental service corporations; and

(2) To conduct an educational program in each of the districts prior to and during the annual district meetings in 1963 designed to inform the membership on dental service corporations.

2. **Resolved,** that a dental service corporation be established in 1963 as a prepayment plan in the State of North Carolina with the provision that the corporation be activated only when a demand for its services is presented, and be it further

Resolved, that control of the dental service corporation be kept within the dental profession; fees for services be based on a new survey of fees made among members of the North Carolina Dental Society; and fees for services be reviewed annually, and adjusted where necessary.

3. **Resolved,** that authorization be made for funds to cover the cost of legal fees involved in incorporating a North Carolina Dental Service Corporation.

Action by House of Delegates: Resolution 1 adopted May 7, 1963.
Resolution 2 was adopted May 7, 1963, by amending the second resolving clause to read "North Carolina Dental profession" in lieu of "North Carolina Dental Society."
Resolution 3 amended and adopted May 7, 1963, to read:

"**Resolved,** that authorization be made for funds, not to exceed three hundred dollars, to cover the cost of legal fees involved in incorporating a North Carolina Dental Service Corporation."
In addition, the following resolution was also adopted:

"**Resolved,** that appreciation be expressed to Dr. Samuel H. Isenhower and the other members of the North Carolina Dental Service Corporation Committee for their extensive research in this matter.

COMMITTEE ON PRESIDENT'S ADDRESS

Norman F. Ross, *Chairman*
Luther H. Butler — S. Byron Towler

Your Committee heartily commends President Baker for his informative message detailing the problems and activities of his administration.

Dr. Baker has inspired his chairmen and committees to advance dentistry in this state and nation during this year. The delicate issues were studied carefully and acted upon with discretion. His wisdom is truly appreciated by all our membership.

May we suggest that every member re-read his address to become better informed on the rapidly changing times. We are grateful to him for this informative address.

Dr. Baker has made no specific recommendations for action by the House of Delegates. Our Committee therefore commends his suggestions, thanks him sincerely for his efforts, and recommends that his address be adopted as read.

Resolutions

Resolved, that the Report of the Committee on the President's Address be adopted.

Action by the House of Delegates: Adopted, May 8, 1963.

PROGRAM COMMITTEE

E. A. Pearson, Jr., *Chairman*
Lloyd B. Stanley — C. W. Poindexter
Fenton S. Cunningham — Robert H. Gilbert
Freeman C. Slaughter

Meetings: May 1962 and January 1963.

Assignments: The Program Committee was instructed by President E. D. Baker to select professional areas and topics for discussion at the Annual Session of 1963 which would be of interest to the majority of our members; to invite the best speakers available to discuss the topics selected; to submit a request for appropriation to the Executive Committee; and to cover expenses of the Program Committee for 1963.

Results: The first meeting of the Program Committee was held at Pinehurst during the Annual Session in May 1962. The professional areas and topics which the committee believed would be appropriate and interesting for presentation at the 1963 Annual Session were selected, and the persons who were available to present these subjects were selected and invitations extended. A request for appropriation was presented to the Executive Committee for debate (for amount see minutes of the Executive Committee January 13, 1963). The topic areas which were selected and the person to present each were as follows:

1. Children's Dentistry—Dr. Roy L. Lindahl
2. Prosthetic and Geriatric Dentistry—Dr. Max A. Pleasure
3. Research in the Dental Field—Dr. Sumter S. Arnim

In January 1963 the Program Committee met jointly with the Annual Session Committee and the Executive Committee in order to prepare in detail the program, and to co-ordinate all activities of the scientific program with other functions during the Annual Session.

Resolutions

This report is informational in nature and no resolutions are presented.
Action by House of Delegates: Received for information May 5, 1963.

PROJECTED CLINICS COMMITTEE

Barry G. Miller, *Chairman*

Martin D. Barringer
Robert H. Benfield
Lewis W. Lee
Maurice B. Richardson
Claude A. Sherrill, Jr.
J. B. Sowter

Assignment: The Committee was instructed to prepare a program of projected clinics to be presented Sunday, May 5 at 3:00 p.m. at the 107th Annual Session of the North Carolina Dental Society.

Clinics Selected: Through the co-operation of Study Clubs and the U. N. C. School of Dentistry, nine projected clinics will be presented and each will be allowed 10 minutes.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

PROSTHETIC DENTAL SERVICE COMMITTEE

Colin P. Osborne, Jr. (1963), *Chairman*

C. Z. Candler, Jr. (1964)
T. L. Dixon (1966)
James A. Harrell (1967)
C. D. Eatman (1965)

Auxiliary Personnel: The Council on Dental Education of the American Dental Association has an overall program for educating auxiliary personnel to give each one of us more time with our patients for performing those skills that can only be done by persons with our training. This has placed upon our shoulders the additional responsibility of implementing this information.

Dental Laboratory Technicians Program: The Prosthetic Dental Service Committee of the North Carolina Dental Society has been moving in the

direction compatible with today's requests and tomorrow's needs. We are proud of our accomplishments and know you would be after a visit to the Durham Education Center where the school for Dental Technicians is located. You owe it to yourself to make a trip to the Durham area and include this fine school.

Your committee has met throughout the year and has been successful in acquiring a capable instructor, Mr. Forrest D. Wirt, originally from Elkhart, Indiana, and 10 fine students—9 from North Carolina and 1 from out of state. Although this is only half the intended yearly enrollment per class—this will be a two-year course—we felt it made a more desirable beginning. Because of success with smaller classes, each student is getting individual instruction, and Mr. Wirt has had opportunities to think through school problems before they got out of hand.

At our spring 1962 meeting, while we were deciding upon a man to lead our school, the major emphasis was to teach a student the need for dentarity in this chosen work. This feeling still prevails, although much time must be given to courses in chemistry, physics, ceramics, metallurgy, and like instruction, as background for later training. These courses equip each student for intelligent discussion with his employer.

The four fall 1962 and spring 1963 meetings concerned student progress and curriculum changes to conform with American Dental Association requirements. The harmonious relationship between the school authorities, instructor and students, and committeemen has made this a program with great strength and a joy to observe.

Accreditation of Laboratories: At the October 1962 meeting of the American Dental Association, a strong move was made by Dr. Eugene Ziegler, Chairman of the Council on Dental Trade and Laboratory Relations, Mr. Paul Slone, and members of the National Association of Dental Laboratories to reactivate the planned accreditation program to protect our dentists and auxiliary laboratory personnel. This has not been finalized, but will become acceptable to all parties this year, if future progress is as productive as previous meetings have been.

Resolutions

1. **Resolved,** that the North Carolina Dental Society continue its support of the training program for dental laboratory technicians at the Industrial Education Center in Durham.

2. **Resolved,** that action to reactivate our accreditation program for dental laboratories in North Carolina be deferred, pending approval of a program by the joint commission of the American Dental Association and the National Association of Dental Laboratories.

3. **Resolved,** that the district and local societies be encouraged to include programs of interest to laboratory technicians in their meetings, and be it further

Resolved, that the dental laboratory technicians be invited by personal invitation to attend these meetings.

4. **Resolved,** that North Carolina dentists be urged to encourage qualified and capable high school graduates to seek admission to the dental technicians training program in order to raise the level of education among laboratory personnel.

Action by House of Delegates: Resolutions 1, 2, 3 and 4 were adopted May 7, 1963.

PUBLICITY COMMITTEE

T. E. Sikes, Jr. (1964), *Chairman*

Z. L. Edwards, Jr. (1963)
Walter H. Davis (1965)
W. Stewart Peery (1966)
J. Henry Ligon, Jr. (1967)

Press Coverage: Every effort will be made by this Committee to assure adequate coverage of the 107th Annual Session in the newspapers in North Carolina, before and during the meeting in Pinehurst.

A staff member of the *Raleigh Times,* Mr. Allen Paul, has been employed to write pre-convention releases and send out news from Pinehurst on the wire services during the meeting. All releases will be approved by the Chairman or one of the members of this Committee.

Four or more pre-convention releases will be mimeographed and mailed by the Central Office to all daily, and a selected number of non-daily, newspapers in North Carolina on the following schedule: April 12, 19 and 26. On May 1 a special release will be sent to all Sunday papers for publication in their May 5 issues.

In addition, each newspaper will be sent a list of local dentists who will play a prominent role during the Annual Session. This is to help the newspapers add local color to the stories.

Local Contacts: Forty dentists throughout the state have been contacted and requested to contact their local newspapers and urge them to use the pre-convention releases.

Appropriation: The Executive Committee allocated $280.00 to the Publicity Committee in the Annual Session Budget.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

RELIEF COMMITTEE

J. T. Lasley (1963), *Chairman*

J. W. Heinz (1964)
W. E. Clark (1966)
S. L. Bobbitt (1965)
J. M. Kilpatrick (1967)

Three Recipients of Aid: At the beginning of this fiscal year, there were three recipients of aid from the relief funds of the North Carolina Dental Society and the ADA, including one member each from the First and Second Districts and the widow of a deceased member of the First District. All three are suffering from the infirmities of old age.

New Applications: Currently, two applications from the Fifth District for grants are pending. One is being processed by the Committee and the other has been referred to the District for investigation.

Income and Disbursements: In order to keep the membership informed as to where our money comes from and how it is disbursed, the following information is given.

From the ADA we received $1,037.50 which represents one-half the amount contributed by our members to the 1961-62 Annual Relief Fund Seal Campaign. In addition, we qualified for a bonus of one-quarter the amount contributed by our members since we attained our assigned quota and we paid out in grants a sum greater than we received from the regular

ADA refund. The bonus check was for $518.75. Both checks totaled $1,556.25. This bonus offer was extended for three more years by the ADA House of Delegates at its meeting in Miami last fall.

The North Carolina Dental Auxiliary contributed $2,200.25 from its Scrap Amalgam Drive last year, making a grand total of $15,856.16 contributed by the Auxiliary since it inaugurated this project in 1954.

A total of $3,780.00 will be paid to the three recipients of aid this year. One-half of this will be paid by the North Carolina Dental Society Relief Fund and one-half by the ADA Relief Fund. Our share will be $1,890.00.

1962-63 ADA Quota Reached: As of March 15, 1963, North Carolina dentists had contributed $1,769.00 to the 1962-63 ADA Relief Fund Seal Campaign. Our assigned quota was $1,760.00. During the past year we will have paid out in grants more than we anticipate receiving as our regular refund from the ADA. Therefore, we will again qualify for the bonus check for this year. This will mean that 75 per cent of the money contributed by North Carolina dentists to the ADA will be returned to North Carolina.

Grant Increase Authorized: A search of past records revealed that in 1951 maximum grants from the State Relief Fund were set at $52.50 per month.

A matching grant from the ADA brought the total monthly grant to $105.00. Who approved this maximum was not indicated.

Since 1951 the cost of medical care has doubled and the cost of living, other than medical care, has increased 30 per cent or more. The Committee felt that the maximum grant allowed was inadequate at the present time. The Committee requested the Executive Committee to approve a maximum grant by the State Relief Fund of $75.00 a month. The Committee pointed out that its record has been conservative and the maximum would not necessarily be used, unless the need really existed.

A maximum monthly grant of $75.00 was approved by the Executive Committee.

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: The following resolution was adopted May 6, 1963:

"**Resolved,** that the maximum grant under the State Relief Fund be increased to seventy-five dollars ($75) per month."

COMMITTEE ON RULES AND ORDER

T. G. Collins, *Chairman*

Robert T. Byrd L. D. Herring

Speaker of the House: Article III, Section 6 of the Bylaws provides that: "The Speaker of the House shall preside at all meetings of the House of Delegates and shall determine the order of business for all meetings subject to the approval of the House of Delegates and shall perform such other duties as custom and parliamentary usage require. The decision of the Speaker shall be final unless an appeal from decision shall be made by a member of the House in which case final decision shall be by majority vote."

The above provision is interpreted by this Committee to include authority of the Speaker to appoint a parliamentarian and such committees of the House as he deems necessary to expedite business. Further, the committee recommends that the Speaker be granted a vote only in case of a tie.

Adoption of Agenda: The Committee submits the attached agenda for the 1963 session of the House of Delegates and recommends its approval as the official order of business.

Voting Procedures: The method of voting in the House will usually be indicated by the Speaker in the call for the vote: voice vote, hand vote, or rising vote. When a rising vote is called for, delegates are asked to remain standing until the count has been completed and the Speaker indicates that the voters may be seated.

A *90 per cent vote* shall be interpreted as requiring 90 per cent of all legal votes cast.

A *two-thirds vote* shall be interpreted as requiring two-thirds of all legal votes cast.

Recognition of Those Wanting to Speak: When a member wishes to address the House, he should secure the attention of the Speaker and not begin to to speak until he had been recognized by the Chair. He should then state his name and his district for the benefit of the recorder.

Access to the Floor: Access to the floor of the House will be permitted only to Delegates, Officers, and Staff. Alternate Delegates and members of the Society will be seated in a special section in the rear of the House.

Attendance of Representatives of the Press: Members of the House will wish to be guided in their deliberations and debate by the knowledge that representatives of the press may be in the visitors gallery.

Introduction of New Business at Last Meeting: No new business, except the Report of the Clinic Board of Censors, shall be introduced into the House of Delegates at the final meeting on Wednesday, unless by unanimous consent. Approval of such business shall require unanimous vote.

Privilege of the Floor: Article III, Section 6 of the Bylaws provides that: "Chairmen and members of committees who are not members of the House of Delegates shall have the right to participate in the debate on their respective reports, but shall not have the right to vote."

At the discretion of the Speaker, with the approval of the House, privilege of the floor may be granted to any member of the Society and Staff.

Minority Report: Attention is called to Article III, Section 2 of the Bylaws which states: "Ten members of the House of Delegates may file a minority report dissenting from the action of the House of Delegates and appeal to the General Session of the Society."

Reference Committees: All reports and resolutions of committees, except amendments or alterations to the Constitution and Bylaws, matters of ethics, and recommendations of the President, may be referred to reference committees appointed by the Speaker.

The standing committee on Constitution and Bylaws will constitute the reference committee on amendments and alterations to the Constitution and Bylaws.

The standing committee on Ethics will constitute the reference committee on all matters pertaining to ethics.

The special committee on the President's Address will constitute the reference committee on recommendations of the President.

Roll Call: The roll will be called by the Secretary-Treasurer at the beginning of each meeting. For the record, those answering the roll at that time will constitute the Delegates in attendance for that meeting. No substitutions for Delegates will be made after the roll call, except by request of the floor chairman of the delegation concerned.

Floor Chairmen: District delegations shall elect a floor chairman (unless he is designated by the District Bylaws) and report their names to the Secretary prior to the second meeting of the House. The Floor Chairman will designate the delegates to comprise the delegation from his district for each meeting of the House of Delegates.

Seating of Delegates: Delegates are requested to seat themselves according to the floor plan of the House. This will enable the Speaker to recognize and identify any delegate who wants to speak.

Disposition of Reports: All reports will be referred to a reference committee by the Speaker of the House. The reference committee, after evaluating a report, must advise the House to adopt, amend, postpone, or reject all resolutions presented in the report. If no resolutions are presented in the report, the reference committee will present the report to the House of Delegates with appropriate comments and a motion that the report be filed for information and printed in the Transactions. A reference committee may not "pigeon hole" any item, but must refer it to the House of Delegates for final action.

Resolutions

1. **Resolved,** that the attached agenda be adopted as the official order of business for this session of the House of Delegates.

2. **Resolved,** that the list of referrals submitted by the Speaker of the House of Delegates be approved.

3. **Resolved,** that the report of the Committee on Rules and Order be adopted, and be it further

Resolved, that the report of the Committee on Rules and Order constitute the rules for the proper conduct of business at this session of the House of Delegates.

Action by House of Delegates: Resolutions 1, 2 and 3 adopted May 5, 1963.

AGENDA
NORTH CAROLINA DENTAL SOCIETY

House of Delegates

The Carolina, Pinehurst, North Carolina
May 5-8, 1963

Sunday, May 5—2:00 p.m.

1. Meeting called to order by Speaker of the House, Ralph D. Coffey
2. Invocation—Sandy C. Marks
3. Roll Call—declaration of a quorum
4. Report of Committee on Rules and Order
5. Report of Legal Counsel
6. Committee reports without stated resolutions
7. Report of Constitution and Bylaws Committee
8. Unfinished business
9. New business
10. Adjournment

Monday, May 6—9:00 a.m.

1. Meeting called to order by Speaker of the House, Ralph D. Coffey
2. Invocation—John C. Brauer
3. Roll Call—declaration of a quorum
4. Report of Trustee, Fifth District, American Dental Association
5. Report of Chairman, Delegation to American Dental Association
6. Reports of Reference Committees
7. Unfinished business
8. New business
9. Adjournment

Tuesday, May 7—9:00 a.m.

1. Meeting called to order by Speaker of the House, Ralph D. Coffey
2. Invocation—G. Fred Hale
3. Roll Call—declaration of a quorum
4. Reports of Reference Committees
5. Unfinished business
6. New business
7. Adjournment

Wednesday, May 8—10:00 a.m.

1. Meeting called to order by Speaker of the House, Ralph D. Coffey
2. Invocation—The Reverend Albert G. Edwards
3. Roll Call—declaration of a quorum
4. Reports of Reference Committees
5. Report of Clinic Board of Censors
6. Unfinished business
7. Adjournment

COMMITTEES OF HOUSE OF DELEGATES
1963

1. **STANDING COMMITTEES**

Constitution and Bylaws: Z. L. Edwards, Chairman; Ralph L. Falls, D. T. Carr, T. G. Nisbet, Walter H. Finch, Jr.

Ethics: Thomas M. Hunter, Chairman; W. K. Griffin, A. C. Current, Jr., W. Stewart Peery, Horace K. Thompson

2. **REFERENCE COMMITTEES**

Committee A: C. W. Poindexter, Chairman; Fenton S. Cunningham, W. Stewart Peery, Horace K. Thompson, James M. Zealy

Committee B: John W. Girard, Jr., Chairman; E. L. Eatman, Robert A. George, Colin P. Osborne, Jr., Baxter B. Sapp, Jr.

Committee C: Horace P. Reeves, Jr., Chairman; C. B. Corey, Jr., Herbert W. Gooding, William H. Oliver, Frederick C. Shaw

Committee D: W. T. Ralph, Chairman; M. W. Aldridge, M. M. Forbes, Barry G. Miller, Maurice B. Richardson

Committee E: James E. Graham, Jr., Chairman; William Davenport, Walter H. Finch, Jr., T. Edgar Sikes, Jr., Freeman C. Slaughter

Committee on Rules and Order: T. G. Collins, Chairman; Robert T. Byrd, L. D. Herring

Committee on President's Address: Norman F. Ross, Chairman; Luther H. Butler, S. B. Towler

SUMMARY OF REFERRALS

Hearings: The Reference Committees will hold hearings on all matters referred to them at the following times and places.

Reference Committee "A"—No hearings scheduled
Reference Committee "B"—3:00 p.m. Sunday, May 5, Pine Room
Reference Committee "C"—3:00 p.m. Sunday, May 5, Bridge Room
Reference Committee "D"—2:00 p.m. Monday, May 6, Pine Room
Reference Committee "E"—2:00 p.m. Monday, May 6, Bridge Room

Any member wishing to be heard on any item referred to the Reference Committee will please observe the above schedule.

Referrals: Reports of committees and officers are referred to the following Reference Committees:

1. Constitution and Bylaws: Dr. Z. L. Edwards, Chairman
 Resolution 3, Report of Dental Advisory Committee to University of North Carolina

2. Ethics Committee: Dr. Thomas M. Hunter, Chairman
No referrals

3. Committee on President's Address: Dr. Norman F. Ross, Chairman
President's Address

4. Reference Committee "A": Dr. C. W. Poindexter, Chairman

Annual Session
Arrangements
Children's Dental Health
Clinics
Dental Care for the Aged, Advisory Committee on
Dental Formulary
Entertainment
Exhibits—Commercial
Scientific
Hospital Dental Service
Hospitality
Monitor
Necrology
North Carolina Dental Assistants Association, Advisory Committee to
Program
Projected Clinics
Publicity
Relief
State Institutions
State Wide Study Club
Visual Education
Executive Secretary's Annual Report
North Carolina State Board of Dental Examiners
Secretary-Treasurer's Annual Report

5. Reference Committee "B": Dr. John W. Girard, Jr., Chairman

Dental Health and Information, Council on (Supplemental Report #1)
Library and History
Membership
University of North Carolina, Dental Advisory Committee to (Report and Resolutions 1 & 2 only)

6. Reference Committee "C": Dr. Horace P. Reeves, Jr., Chairman

Legislative Supplemental Report # 1
Military & Veterans' Affairs

7. Reference Committee "D": Dr. W. T. Ralph, Chairman

Insurance
North Carolina Dental Service Corporation
School Health Co-ordinating Service

8. Reference Committee "E": Dr. James E. Graham, Jr., Chairman

Blue Shield-Blue Cross Advisory
Cancer
Prosthetic Dental Service

SCHOOL HEALTH CO-ORDINATING SERVICE COMMITTEE

T. G. Collins, *Chairman*

T. B. Reid, Jr.
Charles Z. Candler, Jr.
George S. Alexander
T. E. Sikes, Jr.

Meetings: The committee held meetings on September 19, 1962, November 18, 1962, and March 3, 1963.

Assignments: The 1962 House of Delegates received a resolution from the Onslow County Dental Society concerning the abuses in the use of School Health Funds. This committee was appointed by President Baker to investigate and seek a solution to this problem.

Results of Study: It was determined that 56 per cent of school age children were eligible to participate in use of these funds under present evaluation standards (means test).

Feeling this was a mutual problem, a meeting was arranged with the Medical Society's Committee on Public Welfare, and later with the Medical Society's Committee on School Health. After a number of meetings and conferences, the following resolutions were adopted in joint meeting with the Medical Society's Committee on School Health.

1. "That the same evaluation used for the 'no-money payment' applicants be used for determining eligibility for payment by School Health Funds for remedial defects of school age children; that the public assistance budget could be used as a standard for determining need for full payment or partial payment, the same as it is used for hospitalization payment for the medically indigent; and that further study and consideration be made by appropriate authorities (Medical Society, Board of Health and Welfare) of the same procedures for determining eligibility for other assistance programs such as Crippled Children, Cancer, Blind Commission, etc."

2. Motion by Dr. T. G. Collins, seconded by Dr. Irma H. Smather, (M.D.) that a recommendation be sent to the Legislative Committee favoring removal of the $10 minimum which does not have to be authorized by Welfare for payment of correction of remedial defects of school children.

3. "Dr. Amos N. Johnson, Chairman of the Medical Society's Advisory Committee to the State Department of Public Welfare, be asked to confer with the President of the North Carolina Dental Society to meet jointly with the Medical Society's Advisory Committee to the State Department of Public Welfare routinely for the purpose of improving understanding in mutual interest and concerns."

4. Other recommendations from joint meeting of this committee and Medical Society's Committee on School Health were:

a. That routine physical and dental examinations be given twice during school age years and that they be given in the first and seventh grades or the first and ninth grades, depending upon the division of the grades into junior and senior high school.

b. Continuation of emphasis to early detection, prevention, and correction of remedial defects among school age children.

c. Recommendation for family physician to give full support to local efforts for the promotion of fluoridation programs for the prevention of dental caries.

d. Continued emphasis be given to strengthening total school health education curriculum throughout all grades.

This committee feels that much can be gained by both the North Carolina Dental and Medical Societies in continuing these joint meetings.

Resolutions

1. **Resolved,** that the President of the North Carolina Dental Society appoint a committee or designate an appropriate standing committee, to meet jointly with the Medical Society's Advisory Committee to the Department of Public Welfare, for the purpose of improving the understanding of the two groups in areas of mutual concern.

2. **Resolved,** that the appropriate committees of the North Carolina Dental and Medical Societies continue to hold joint meetings to discuss the many facets of the School Health Program that are of mutual interest and concern.

Action by House of Delegates: Resolution 1 was adopted May 7, 1963, with the addition of the following resolving clause:
"and be it further

Resolved, that such committee conduct a thorough study of the School Health Fund fee structure, and report its findings to this body in May 1964."

Resolution 2 adopted May 7, 1963.

STATE INSTITUTIONS COMMITTEE

M. L. Cherry (1965), *Chairman*

C. W. Sanders (1963)
S. H. Isenhower (1966)
D. A. Jackson (1964)
D. L. Henson (1967)

State Institutions Contacted: The State Institutions Committee contacted 10 state institutions, offering the services of this committee, and also asking if there were any needs that this committee could bring to the attention of the North Carolina Dental Society.

The letters received from the institutions did not indicate any needs at the present time.

The following are institutions contacted:

John Umstead Hospital, Butner
Dorothea Dix Hospital, Raleigh
Melville Broughton Hospital, Morganton
R. Gregg Cherry Hospital, Goldsboro
Murdoch School, Butner
Caswell School, Kinston
O'Berry School, Goldsboro
Western Carolina School, Morganton
North Carolina Central Prison, Raleigh
Eastern Sanitorium, Wilson

Resolutions

This report is informational in nature and no resolutions are presented

Action by House of Delegates: Received for information May 5, 1963.

STATE WIDE STUDY CLUB COMMITTEE

Barry G. Miller, *Chairman*

Martin D. Barringer
Robert H. Benfield
Lewis W. Lee
Maurice B. Richardson
Claude A. Sherrill, Jr.
J. B. Sowter

Study Groups Encouraged: The State Wide Study Club Committee has worked this year, as in the past, to encourage and advise groups of the profession in the formation and function of study clubs. The Chairman of the Committee has been responsible for compiling information regarding the activities of all the clubs and in turn publishing that information in each issue of the Journal under the title "Study Club Activities in North Carolina."

Projected Clinics: The State Wide Study Club Committee has accepted responsibility for the Projected Clinics at the State Dental Meeting Sunday, May 5.

Resolutions

This report is informational in nature and no resolutions are presented.
Action by House of Delegates: Received for information May 5, 1963.

DENTAL ADVISORY COMMITTEE TO THE UNIVERSITY OF NORTH CAROLINA

Daniel T. Carr, *Chairman*

R. B. Barden
Wade H. Breeland
A. P. Cline
George L. Edwards, Jr.
C. W. Sanders
S. L. Bobbitt
M. L. Cherry
Charles S. Cooke
C. C. Poindexter
Riley E. Spoon, Jr.
Robert W. Sugg

Meetings: The Dental Advisory Committee to the University of North Carolina met in Chapel Hill, February 17, 1963, at the University of North Carolina School of Dentistry. Members of the Committee present were Drs. D. T. Carr, Chairman; R. B. Barden, M. L. Cherry, Charles S. Cooke, George L. Edwards, Jr., Riley E. Spoon, Jr., Robert W. Sugg. Drs. John C. Brauer, Dean, and William W. Demeritt, Assistant Dean, were present for the meeting.

Building Plans: The Committee was briefed on the current status of the architects' plans for the new Dental Research Center, indicating that the final drawings are scheduled for completion in early summer, and that construction of this building should be completed in late 1964 or early 1965. The plans for the Dental Research Center have been co-ordinated with the National Institutes of Health, Research Facilities Branch, since this latter cited agency is providing $492,000 for this facility.

Dean Brauer, who also is Secretary-Treasurer of the Dental Foundation of North Carolina, Incorporated, stated that, with few exceptions, the payments on the outstanding pledges were being met satisfactorily and according to schedule. Further, that a sum of about $10,000 to $12,000 was needed to complete the campaign for funds for the building, and that this remaining sum must be realized prior to the close of this calendar year.

The University administration, in addition to providing the land site and $208,500 (plus many additional services) for the Dental Research Center, has agreed to proceed with the construction of the building, with the understanding that the dental profession would provide the remaining required funds to match the Federal commitment.

Dean Brauer suggested that the North Carolina Dental Society may find it desirable to contribute this sum ($10,000-$12,000) from its reserves to this Dental Research Center. He cited the Florida State Dental Society as having given a sum of $10,000 each to three Junior Colleges in Florida (total $30,000) to permit the activation of dental hygiene programs. These centers for the teaching of dental hygiene have been activated. Such a gift of $10,000-$12,000 from our State Dental Society for the Dental Research Center would result in a wonderful public and professional relations pattern, thereby permitting high praise and favorable comment from the citizens of this state and profession of this country.

Following the review of plans and progress of the Dental Research Center, the Committee was briefed on the preliminary architects' plans of the

new educational wing to the School of Dentistry. This new wing, involving some 111,000 square feet, has been estimated to cost about 3.6 million dollars by the State Department of Administration in Raleigh. This new educational wing would provide for an increase of dental students from 50 to 75 per class, dental hygiene students from 15 to 60 per class, additional facilities for graduate students leading toward a specialty, teaching, or research, and a substantial increase in short postgraduate courses. These latter cited increases and programs were recommended previously by this Committee and subsequently approved by the House of Delegates of the North Carolina Dental Society in 1958.

With reference to the latter cited educational wing, the Dean indicated that a request for funds for this proposed building is scheduled tentatively to be submitted to the State Legislature for consideration in 1967, according to the present priority schedule for construction within the University and the Division of Health Affairs. This would mean that no additional graduates in dentistry could be realized prior to 1973, or ten years from now. However, if federal legislation, such as H.R. 12 should pass Congress, providing for 66⅔ per cent federal funds for matching, then the new educational wing may be realized two years earlier. It is important to state that the faculty of the School of Dentistry, with the assistance of consulting architects employed by the University, already have the preliminary plans for the entire structure completed, and that such plans have the tentative approval of the University and state administration. Accordingly, if Congress should pass favorable legislation, these plans can be submitted readily for federal matching money.

The Dean also reviewed the preliminary plans for the expansion of the entire Division of Health Affairs, which includes a major increase in space for the Basic Science Departments, as well as for the hospital and other areas to be used in part by dentistry.

Site Visit by Committee: Following a review and briefing of the plans and operations of the Dental Research Center and the proposed new educational wing, the Committee was shown the sites for the buildings and their relationships to the remaining schools and units (hospitals) of the Division of Health Affairs.

Proposed New Ph.D. Program: The School of Dentistry, in co-operation with the Basic Science Departments, the Graduate School, and the National Institute of Dental Research, now are considering the development of a program which would provide a D.D.S. degree, M.S. in one of the dental specialties, and a Ph.D. degree in one of the Basic Sciences. Such a program, which would afford the three degrees, is intended to produce teachers and researchers in dentistry, who have above average skills and knowledge in dentistry and one of the specialties, as well as have a recognized competence in one of the Basic Sciences (i.e. Biochemistry, Microbiology, Physiology, or other areas). Assuming this program is approved in the several areas of the University and the National Institute of Dental Research, from two to five highly qualified students would be selected each year following their sophomore year in the Dental School. Such students would receive a grant each year for a minimum of six years to permit the completion of this educational program, and then they would be committed to teaching or research.

Dental Students Trained to Utilize Dental Assistants. Each senior student now is required to spend at least six weeks in special sections (three weeks each) of Operative Dentistry and Pedodontics to work with well-qualified

dental assistants. The first class to graduate with this special training was in June 1962.

The objective in this program is to teach the dental students to utilize a well-qualified dental assistant effectively, and, thereby, permit him to serve more patients. This type of formal training will assist the particular practitioner economically and professionally, and it also will reduce the need for the number of dentists in North Carolina as related to the present national ratio of one dentist to every 1,900 people. The dentist-population ration now (1963) is about 1:3800.

One of the continuing problems, which now is serious and which will become more serious in the immediate years ahead, according to Dean Brauer, is the lack of an adequate number of dental assistants who are trained formally according to the requirements set forth by the House of Delegates of the American Dental Association and the Council on Dental Education. Following the formal training of a dental student in the utilization of a well-qualified assistant, most of the young graduates cannot find a dental assistant who has had formal training. This problem will continue to grow and multiply as more graduates and the dental profession in general begin to demand and need well-trained assistants. The solution, therefore, lies in increasing the enrollment in the existing schools for the training of assistants, such as in Burlington, and Goldsboro, and, furthermore, the activation of new programs in post-high school vocational training centers and junior colleges.

Resolutions

1. **Resolved,** that the Executive Committee make themselves aware of a shortage of funds in the Dental Research Building Campaign and that the North Carolina Dental Society consider a donation to this campaign.

2. **Resolved,** that the Dental Advisory Committee to the University of North Carolina take on itself the responsibility of the study of the dental manpower situation in North Carolina, and the responsibility of keeping itself aware of these continuing problems.

3. **Resolved,** that the Dental Advisory Committee to the University of North Carolina be changed to a Standing Committee.

Action by House of Delegates: The following resolution was substituted for resolution 1 and adopted May 6, 1963:

"**Resolved,** that the North Carolina Dental Society House of Delegates go on record wholeheartedly approving the efforts of this committee in raising funds for the Dental Research Building campaign, but that no contribution be made to the campaign from the General Funds of the North Carolina Dental Society."

Resolution 2 was adopted May 6, 1963.

Resolution 3 was referred to the Constitution and Bylaws Committee for study during the ensuing year and the committee was requested to submit its recommendations to the 1964 House of Delegates.

VISUAL EDUCATION COMMITTEE

Cecil A. Pless, Jr., *Chairman*
Fenton S. Cunningham Robert J. Shankle

Assignments: The Committee was assigned the responsibility of selecting scientific films for the Annual Session.

Films for Annual Session: The Committee previewed and selected the following films for presentation at the Annual Session:

1. Concept of Jaw Function with Related Clinical Applications
2. Earliest Clinical Signs of Intra-Oral Malignancies
3. Occlusal Equilibration
4. Reverse-Pin Porcelain Veneer and Pontic Technique
5. Pulse of Life

Resolutions

This report is informational in nature and no resolutions are presented.

Action by House of Delegates: Received for information May 5, 1963.

Resolutions

SUBMITTED TO THE
1963 HOUSE OF DELEGATES

INCORPORATION OF DENTISTS

Resolved, that an appropriate committee of the North Carolina Dental Society be directed to continue the study of the advisability and feasibility of seeking enabling legislation in the North Carolina General Assembly to permit dentists to incorporate, and be it further

Resolved, that the purpose of this study shall be to seek to avail members of our profession of the favorable tax position presently accorded corporate retirement plans.

C. W. Poindexter
T. E. Sikes, Jr.

Action by House of Delegates: Adopted May 7, 1963.

Report of Delegation To A.D.A.

Frank O. Alford (1964), *Chairman*
Ralph D. Coffey (1965)
Wilbert Jackson (1963)
Paul E. Jones (1963)
Erbie M. Medlin (1964)
C. C. Poindexter (1965)

In accordance with Article V, Section 3 of the Constitution, a report of the delegates to the 103rd Annual Session of the American Dental Association held at Miami Beach, Florida, October 29-November 1, 1962, is herewith submitted. It contains summaries of major actions by the House of Delegates.

Change in Personnel of Delegation: Dr. Paul E. Jones was appointed a delegate by the Executive Committee to replace Dr. R. Fred Hunt (1963), who died May 10, 1962.

Dr. E. D. Baker, an alternate delegate, was seated as a delegate by the Chairman to replace Dr. Wilbert Jackson, since illness prevented the latter from serving in this capacity.

Meetings: There were three sessions of the House of Delegates and a Fifth District Caucus. All delegates attended each of these meetings.
Dr. Dennis S. Cook, Secretary-Treasurer, was seated with the delegation at the opening session of the House of Delegates.

Mr. Andrew M. Cunningham, Executive Secretary, was seated with the delegation at all sessions of the House of Delegates and attended the Fifth District Caucus.

Actions of House of Delegates: More than 40 reports and resolutions, covering a broad area of Association affairs, were considered by the House of Delegates. A summary of the major issues deliberated and acted upon by the policy making body of the ADA follows.

Relief Fund: The Rules of the American Dental Association were amended for another three-year period to permit bonus payments of one-quarter the total amount contributed by members of a constituent society to the ADA Relief Fund Seal Campaign to that society. It was stipulated that a society must attain its annual quota and must pay out in grants the previous year a sum greater than was received as a regular refund from the ADA Relief Fund.

Medicare: Appropriate agencies of the ADA were "authorized to support legislation to establish a reasonable and uniform program of dental care for dependent personnel of the uniformed services so long as the provisions of such legislation are in conformity with the policies and principles of this Association."

Dissatisfaction was voiced in the House with the application of the "remote area" authority, and concern was expressed over the continued existence of the so-called family clinics.

Use of the ADA Name in Advertising: The House rejected a proposal by Alabama that would have prohibited the use of the ADA name in all advertising, and adopted resolutions consolidating all previous statements of policy on this matter and approving a policy on the use of the ADA name in closed circuit television programs.

Principles of Ethics: An amendment to the Principles of Ethics was adopted which discourages the use of the term "specialist" and gives preference to the use of the term "practice limited to"

Decision of Judicial Council Reversed: An appeal to the House of Delegates from the Massachusetts Dental Society was affirmed and its action in expelling a member for violation of its bylaws, by his participation in anti-fluoridation activities, was upheld. The Judicial Council had previously ruled that the Massachusetts Dental Society was in error. Action by the House reversed this decision.

Federal Aid to Education: The House re-affirmed its stand in favor of Federal Aid to Education, and rejected by a 348-38 vote a Texas resolution requesting the withdrawal of ADA support from the program.

Survey of Dentistry: A resolution by Florida opposing the implementation of the recommendations of the *Survey of Dentistry* without adequate time for adequate study by the profession touched off heated and lengthy debate. A substitute resolution urging members to purchase and read the publication was first rejected, then reconsidered, and finally adopted.

National Accreditation of Laboratories: A resolution providing that a national program for accrediting dental laboratories be implemented which in no way interferes with existing state programs, was approved by the House. The resolution also gave the ADA authority to participate in the Joint Commission on Accreditation.

Voting Privileges of Board of Trustees: A resolution eliminating the offices of the Second and Third Vice Presidents and giving voting powers to the President-Elect and a Vice President on the Board of Trustees was rejected.

Training of Dental Assistants and Hygienists: By resolution, the "Statement of Policy Regarding Experimentation in the Training of Dental Assistants and Dental Hygienists" was amended to specify certain procedures as the responsibility of the dentist, and to state that services rendered by auxiliary personnel shall remain under the direct personal supervision of the dentist.

Raise in ADA Dues: The Board of Trustees proposed an increase in dues from $30.00 to $40.00 annually. Action on this issue will be taken at the 1963 session.

Supporting its request, the Board stated that if Association activities are to be increased to meet the needs of members, and if deficit financing is to be avoided, increased income from dues is necessary.

In its report to the House of Delegates, the Board of Trustees stated that a plot of land had been purchased for $700,575 both for its investment possibilities and its potential use as a site for a new headquarters building which could be developed with income-producing rental space.

ADA Bylaws Amended: Two amendments to the ADA Bylaws were adopted: (1) Eliminating seconding speeches in the House of Delegates;

and (2) Giving the House "by a ⅔ majority vote the power to suspend representation of a constituent society in the House of Delegates upon a determination by the House that the bylaws of the constituent society violate the *Constitution* or *Bylaws* of this Association, provided that such suspension shall not be in effect until the House of Delegates has voted that the constituent society is in violation and has one year after notice of specific violation in which to correct its constitution or bylaws."

Other Actions: In other actions, the delegates:

—Rejected a Texas proposal that the Judicial Council be given the right to evaluate the "ethics or propriety of actions taken by other association agencies."

—Rejected a resolution to establish a Fourteenth District composed of components of the federal dental services.

—Adopted a resolution requesting President Kennedy to authorize the employment of Cuban refugee dentists to perform dental treatment for other refugees under proper supervision.

—Adopted a resolution urging individual dentists and dental societies to take more aggressive action in the promotion of fluoridation.

—Adopted a resolution urging members of the profession to cooperate with schools in providing satisfactory mouth protectors for athletes.

—Adopted a resolution vigorously supporting the use of safety belts in automobiles.

—Urged dental societies to make certain dental service is available to any person faced with a dental emergency on a round-the-clock basis.

—Endorsed the principle that the dental society editor be a member of the society's administrative body, with or without a vote.

Election of Officers: Officers elected and installed for 1962-1963 were:

President—Dr. Gerald D. Timmons, Philadelphia, Pennsylvania
President-Elect—Dr. James P. Hollers, San Antonio, Texas
First Vice President—Dr. A. D. Farver, Miami Beach, Florida
Second Vice President—Dr. Rulon W. Openshaw, Los Angeles, California
Third Vice President—Dr. Arthur Easton, Norway, Maine

Dr. William A. Garrett of Atlanta, Georgia, was named to succeed himself as Trustee of the Fifth District.

Action by House of Delegates: Received for information May 6, 1963.

North Carolina State Board of Dental Examiners

G. Shuford Abernethy, D.D.S. (1963) *President*
J. Homer Guion, D.D.S. (1964) *Secretary-Treasurer*
R. B. Barden, D.D.S. (1964)
S. L. Bobbitt, D.D.S. (1963)
Wade H. Breeland, D.D.S. (1965)
S. W. Shaffer, D.D.S. (1965)

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

February 15, 1963

Honorable Terry Sanford
Governor of North Carolina
Raleigh, North Carolina

Dear Sir:

In accordance with the provision of the Dental Law, I wish to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year 1962.

Eight meetings of the Board have been held during the year.

A special meeting of the North Carolina State Board of Dental Examiners was held at the Yadkin Hotel, Salisbury, North Carolina, April 18, 1962.

All members of the Board were present, with Dr. G. Shuford Abernethy, President, presiding, and Mr. Charles Abernethy, the official investigator of the Board.

The application of Dr. Roxanne Whitehead to take the examination June 25, 1962, for dental licensure was considered at this time. A motion was made and passed that Dr. Whitehead be allowed to take the examination, and if successful in passing, she shall be required to sign an agreement with the Board that she will complete her naturalization papers as soon as possible according to law, or will voluntarily give up her license.

Following a discussion in which the Members of the Board were of the opinion that some dental assistants were being allowed to perform work for patients that only licensed dentists are allowed to do, a motion was made and passed that Members of the Board having any reports concerning this would furnish the names to the Secretary with instructions that he have the dentist meet with us at our Special Meeting in Pinehurst, North Carolina, May 8, 1962, to discuss the matter.

In the case of a dentist having been convicted of income tax evasion, it was decided that the Board take no action in the matter inasmuch as this is only a misdemeanor under the statutes of North Carolina.

A letter was read from the American Dental Association Council on Dental Education inviting a Member of the Board to be present at the dental school in Chapel Hill, North Carolina, November 27, 1962, when the Council will visit the University to evaluate the Dental Hygiene program as part of its accreditation program. The Board voted to send a representative to this meeting.

There being no further business, the Board adjourned to meet in Pinehurst, North Carolina, May 8, 1962.

The North Carolina State Board of Dental Examiners met in Parlor 80, East Wing of the Carolina Hotel, Pinehurst, North Carolina, May 8, 1962. All members of the Board were present. Dr. G. Shuford Abernethy, President, presided.

The Board reviewed the schedule of the examination to be given at Chapel Hill, North Carolina, beginning June 25, 1962, and agreed to proceed according to the schedule of last year.

The Secretary reported to the Board that six dentists had been asked to meet with the Board concerning rumors that they had been allowing unlicensed personnel to perform operations that could only be done by a licensed dentist. These men appeared and the law governing the practice of dentistry was cited to them, and they were told to be governed by the law in the future if they had not previously been doing so.

A request was received from Dr. E. A. Pearson, Director of the Oral Hygiene Division, State Board of Health, that the Oral Hygiene Department be allowed to use hygienists in their work in the public schools. The request was granted.

The Board voted to meet in Charlotte, North Carolina, as the North Carolina State Board of Elections, as soon after May 20, 1962, the closing date for receiving nominations of names to be placed on the ballot for election to the North Carolina State Board of Dental Examiners.

A motion was made and passed that the Board meet at the Carolina Inn, Chapel Hill, North Carolina, June 23, 1962; at 5:00 p.m. for the regular annual meeting, and to examine the applications for the dental and dental hygiene examinations beginning June 25, 1962, at 9:00 a.m. at the School of Dentistry, University of North Carolina, Chapel Hill, North Carolina.

There being no further business, the meeting adjourned.

A special meeting of the North Carolina State Board of Dental Elections was held in the Doctors Building, Charlotte, North Carolina, at 11:30 o'clock a.m., May 27, 1962, for the purpose of examining nominations made for the two Members of the Board of Dental Examiners, and to take such action as necessary.

Dr. G. Shuford Abernethy, President of the Board of Dental Examiners, called the meeting to order. Dr. Ralph B. Barden was made Acting President in the absence of Dr. S. L. Bobbitt. Dr. Barden declared a quorum present.

The minutes of the last meeting were read and approved.

Dr. Ralph B. Barden was elected President for the ensuing year. Dr. J. H. Guion was re-elected Secretary-Treasurer.

Nominations were received prior to the closing date of May 20, 1962, for Dr. S. W. Shaffer, Greensboro, North Carolina, and Dr. Wade H. Breeland, Belmont, North Carolina, to have their names placed upon the ballot. A motion was made and passed that since there were only two nominations for the two places to be filled, Dr. Shaffer and Dr. Breeland be declared elected Members of the North Carolina State Board of Dental Examiners

in accordance with the provisions of the Dental Practice Act of North Carolina, for a period of three years beginning August 1, 1962, and ending July 31, 1965.

There being no further business, the meeting, upon motion, was adjourned.

The North Carolina State Board of Dental Examiners held its eighty-second regular annual meeting at the Carolina Inn, Chapel Hill, North Carolina, beginning Monday morning, June 25, 1962, at 9:00 o'clock a.m., for the purpose of examining applicants for licensure, and to dispose of any other business coming before the Board.

The Board met in executive session Saturday afternoon, June 23, 1962, at 5:00 o'clock p.m. to examine the applications of the applicants for examination, and to arrange the schedule for the examination to begin Monday morning.

All members of the Board were present, with Dr. G. Shuford Abernethy, President, presiding. The minutes of the last meeting were read and approved.

A report from Mr. Charles Abernethy, investigator of the Board was read concerning an investigation being made in Brevard, North Carolina.

Seventy-three applications for dental examination, and seventeen applications for dental hygiene examination were examined and all were found in order. Applicant No. 1, Dr. Norton Wary of Portland, Oregon, applicant for dental licensure examination, withdrew prior to the examination and requested that he be given permission to take the examination at our next annual meeting in 1963. Permission was granted. Applicant No. 9, Mrs. Judith Semack Seligman, applicant for dental hygiene licensure examination, withdrew prior to the examination and requested that she be given permission to take the examination at our next regular annual meeting. Permission was granted. The remaining applicants, having complied with the requirements of the North Carolina State Board of Dental Examiners, were permitted to take the examination given by the Board.

The written examinations were held in the auditorium of the Memorial Hospital, and the clinical examinations were held in the Dental School of the University of North Carolina. The examinations started at 9:00 o'clock a.m., Monday, June 25, 1962, and continued until 5:00 o'clock p.m., Thursday, June 28, 1962.

The Board voted to meet at the Sir Walter Hotel, Raleigh, North Carolina, Saturday, July 14, 1962, at 5:00 o'clock p.m., for the purpose of canvassing the grades of the applicants who participated in the examination beginning June 25, 1962.

There being no further business and the examination having been completed, the Board adjourned at 6:00 o'clock p.m., Thursday, June 28, 1962.

The North Carolina State Board of Dental Examiners met in a special meeting at the Sir Walter Hotel, Raleigh, North Carolina, on July 14, and 15, 1962, for the purpose of canvassing the grades of applicants examined beginning June 25, 1962, at the School of Dentistry, University of North Carolina, Chapel Hill, North Carolina, and to transact any other business coming before the Board.

All members of the Board were present with Dr. G. Shuford Abernethy, President, presiding. The minutes of the last meeting were read and approved.

The Board voted to allow the following per diem:

2 days Special Meeting, Wilmington, N. C., October 21 & 22, 1961.
1 day Special Meeting, Salisbury, N. C., April 18, 1962.
1 day Special Meeting, Pinehurst, N. C., May 8, 1962.
1 day Special Meeting, Charlotte, N. C., May 27, 1962.
7 days Regular Meeting, Chapel Hill, N. C., June 25-July 1, 1962.
2 days Special Meeting, Raleigh, N. C., July 14 & 15, 1962.
15 days making up examination and grading papers.

29 days per diem total.

Motion was made and passed that mileage be allowed those members of the Board who had made trips to Salisbury in conjunction with an investigation.

A letter was read from Mr. Ball, of the Institute of Government, Chapel Hill, North Carolina, concerning a sub-committee on reorganization of state government, inviting a representative from the Board to attend the committee meeting in Raleigh August 17, 1962. A motion was made and passed that the Board send representatives to the meeting, and the representatives to consist of the Secretary and any other Board Members who could attend said meeting.

The application for reinstatement of license of Dr. Charles N. Watts, of Louisville, Tennessee, was read. The Secretary was instructed to make an investigation and report back to the Board.

A letter was read from Grace Parkin, Secretary of the National Board of Dental Examiners, concerning the copy of the National Board examination that was being sent to the Board.

A letter was read from Dr. Boozer, of Rangely College. The Secretary was instructed to send Dr. Boozer a copy of the North Carolina law and rules and regulations for dental hygiene licensure.

A letter was read from the Secretary of the Ohio State Board of Dental Examiners inquiring if North Carolina was interested in entering into a reciprocity agreement with the state of Ohio. The Secretary was instructed to inform the Ohio State Board that at the present time we were not in a position to make such an agreement.

A motion was made and passed that Dr. Abernethy and Dr. Guion, and any other Board Members who care to, attend the meeting of the ADA Council on Dental Education that is to be held in Chapel Hill, North Carolina, in November.

The officers elected for the ensuing year were as follows:

President—Dr. G. Shuford Abernethy
Secretary-Treasurer—Dr. J. H. Guion

Delegates to the American Association of Dental Examiners:

Dr. S. L. Bobbitt
Dr. J. H. Guion

Delegates to the Southern Association of Dental Deans:

All members of the Board who can attend.

The results of the tabulation of the grades of the examination given beginning June 25, 1962, at Chapel Hill, North Carolina, revealed the following applicants for dental licensure, having made an average of 80 per cent or more, were issued license to practice dentistry in North Carolina:

Name	*Address*	*Number*
Clifford Bell Jones, Jr.	Elizabeth City, N. C.	2832
Alvin Stewart Goodman	Charlotte, N. C.	2833
Don Peyton Whited	Charlottesville, Va.	2834
Shepard Drake Nash	Winston-Salem, N. C.	2835
Ralph Chapman Setzler, Jr.	Albemarle, N. C.	2836
Roxanne Buchak Whitehead	New Bern, N. C.	2837
Lewis McKinney Maus	Baltimore, Maryland	2838
Norman Curtis Hall	Vallejo, California	2839
Robert Preston Hagaman	Lenoir, N. C.	2840
Dennis Shelton Cook, Jr.	Lenoir, N. C.	2841
Harvey Peck	Durham, N. C.	2842
Bryant Kelly Wicker	Maxton, N. C.	2843
William Houston Gwynn	Yanceyville, N. C.	2844
William Henry Snider	Hillsboro, N. C.	2845
Weston Alexander Willis	Jacksonville, N. C.	2846
Charles Franklin Robinson	Charlotte, N. C.	2847
Gary Frank Daniel	Spindale, N. C.	2848
James Vance Bebber	Leaksville, N. C.	2849
Gerald Thomas Taylor	Havelock, N. C.	2850
Henry Clay Jurney	Elkin, N. C.	2851
Claude Wallace Drake	Chapel Hill, N. C.	2852
Robert Burgin Dalton	Winston-Salem, N. C.	2853
Roy Shelton High	Raleigh, N. C.	2854
Ernest Brevard Bass, Jr.	Durham, N. C.	2855
Donald Lee Marbry	Badin, N. C.	2856
Eugene Wilmoth Lawrence, Jr.	Chapel Hill, N. C.	2857
Bruce Albert Gustafson	Chapel Hill, N. C.	2858
Allie Hamilton Duncan	Roanoke Rapids, N. C.	2859
Hugh Edward Sutphin	Chapel Hill, N. C.	2860
James Emil Andrews	Baltimore, Maryland	2861
James Stewart Brauer	Chapel Hill, N. C.	2862
Richard Lynn Holzbach	Newport News, Va.	2863
Harding Winslow Rogers, Jr.	Mooresville, N. C.	2864
George Edward Mayo, III	Fremont, N. C.	2865
Edward Leroy Petit	Carrboro, N. C.	2866
Joseph Donald Stewart	Hillsboro, N. C.	2867
Roland Leroy Mayberry	Gastonia, N. C.	2868
Huldah Ruth Jackson	Raleigh, N. C.	2869
Don Ferrell Jackson	Raleigh, N. C.	2870
John Terry H. Buford	Salisbury, N. C.	2871
Charles Baker Reed	Sylva, N. C.	2872
Robert Elwood Thomas	Ramseur, N. C.	2873
Wilborn Moye Herring	Itasca, Illinois	2874
Robert Clifton Miles	Charlotte, N. C.	2875
Gilbert Rivers Upchurch	Jacksonville, N. C.	2876
Joseph Franklin Laton	Aberdeen, N. C.	2877
William Herbert Lewis, Jr.	Draper, N. C.	2878
Charles Mitchell Hatchett, Jr.	Chattanooga, Tenn.	2879
Derwood Lee Ashworth	Durham, N. C.	2880
Jerry William Sowers	High Point, N. C.	2881
James Charles Culbreath, Jr.	Chapel Hill, N. C.	2882
Charles William Tulloch	Aberdeen, N. C.	2883
Joseph Stephen Hoard, III	Tarboro, N. C.	2884
John Henry Shell	Valdese, N. C.	2885
Harrison Victor Pittman, Jr.	Memphis, Tenn.	2886
Hoover Curtis Bowens	Washington, D. C.	2887
Paul Maus, Jr.	Carrboro, N. C.	2888
Thomas Abram Mack	Darlington, S. C.	2889

The following applicants for Dental Hygiene license, having made an average of 80 per cent or more, were issued license to practice dental hygiene in North Carolina:

Name	*Address*	*Number*
Sally King Rose	Charlotte, N. C.	176
Louise Miller Judd	Fayetteville, N. C.	177
Sandra Marshall Foster	North Wilkesboro, N. C.	178
Ilene Wilson Gunter	Hamlet, N. C.	179
Pamela Adele Decker	Plymouth, Michigan	180
Virginia Stewart McPherson	Greenville, S. C.	181
Anna Swann Taylor	Tryon, N. C.	182
Christine Ruth Olsen	Jacksonville Beach, Fla.	183
Mary Hollis Pfaff	Winston-Salem, N. C.	184
Charlotte Lee Groome	Greensboro, N. C.	185
Judy Lynne Goble	Lenoir, N. C.	186
Lynora Maxine Wise	Ahoskie, N. C.	187
Sally Stringer McDonald	Tarawa Terrace, N. C.	188
Emily Howell Matkins	Roanoke Rapids, N. C.	189
Katherine Dunn Meade	Roanoke Rapids, N. C.	190

The following applicants for dental license, having made an average of less than 80 per cent, were declared to have failed the examination:

Name	*Address*
Joe Miller Patterson	Decatur, Georgia
John Wesley Mainwaring, Jr.	Chapel Hill, N. C.
Harvey Allen McCandless, Jr.	Butler, Pennsylvania
Carl Banks Freedman	Cheraw, S. C.
Vincent Andrew Maslow	Norfolk, Va.
John Gus Cavalaris	Knoxville, Tennessee
William Henry Hoffler, Jr.	Elizabeth City, N. C.
Burton Allen Horwitz	Raleigh, N. C.
Collins Denny Nofsinger, Jr.	Roanoke, Virginia
Percival Leonard Everett	Charlotte, N. C.
Daniel Arthur Williams, Jr.	Washington, D. C.
Jerry Lynn Corbin	Randleman, N. C.
Noah Horace Mann, Jr.	Nashville, Tennessee
Russell Glenn Owens, Jr.	Gates, N. C.

There being no further business, the Board adjourned at 6:00 p.m.

The North Carolina State Board of Dental Examiners met in a special meeting at the Queen Charlotte Hotel, Charlotte, North Carolina, September 16, 1962, at two o'clock p.m., with all members of the Board present and Dr. G. Shuford Abernethy, President, presiding. The President stated that this was a special meeting called for the purpose of considering the application of Dr. James E. Butler, St. Pauls, North Carolina, for reinstatement of his license and any other business coming before the Board.

Application for the reinstatement of his license was received from Dr. Herbert Leslie Moore, of Johnson City, Tennessee. Dr. Moore was licensed in 1943 and received original license No. 1648. A motion was made and passed that Dr. Moore's license be reinstated.

A letter was read from Dr. E. A. Pearson, Director, Department of Oral Hygiene, State Board of Health, Raleigh, North Carolina, asking that he be allowed to employ Dr. D. T. Rantis, of Bluefield, West Virginia. Dr. Rantis' application to take the Board at our next examination being completed, permission was granted.

A letter was read from the AGA Corporation of America. The corporation wanted the secretary of the Board to mail out some advertising material to the licensed dentists in North Carolina. A motion was made and passed that the secretary notify the AGA Corporation that we would be unable to do this for them.

The secretary informed the Board that Dr. C. N. Watts had withdrawn his application for reinstatement.

The Secretary reported that Dr. Roxanne Whitehead had failed to complete her agreement with the Board concerning her application for citizenship in the United States of America. The Board instructed the secretary to write Dr. Whitehead not to practice dentistry in North Carolina until such time as our agreement had been reached.

The President and the Secretary reported on the meeting of the subcommittee of the Committee on the Reorganization of Government.

Dr. James Bingham of Lexington, North Carolina, appeared before the Board in regard to the unauthorized practice of dentistry in that section by a laboratory technician. The Secretary was instructed to make every effort to obtain necessary evidence for prosecution in this case. There being no further business, the meeting adjourned.

A special meeting of the North Carolina State Board of Dental Examiners was held at the Grove Park Inn, Asheville, North Carolina, September 30, 1962, at two o'clock p.m., for the purpose of conferring with some dentists of that area concerning a report that the Board had received concerning sub-standard work by a dentist in that area. Dr. Shuford Abernethy, President, presided, and Dr. Ralph Barden, Dr. Wade Breeland, and Dr. J. H. Guion were present.

Enough information was obtained by the Board to justify a further investigation in this matter. The Secretary was instructed to have Mr. Charles Abernethy make a full investigation.

There being no further business, the meeting adjourned.

A special meeting of the North Carolina State Board of Dental Examiners was held at the Selwyn Hotel, Charlotte, North Carolina, December 12, 1962, at two o'clock p.m., which meeting had been duly called. All members of the Board were present with Dr. G. Shuford Abernethy, President, presiding.

The Secretary reported to the Board that Dr. Roxanne Whitehead, a citizen of Canada who took the Board in June, had failed to complete her affidavit to the Board of her intention of becoming a United States citizen, as soon as possible according to law, and had returned to Canada to live, therefore, failing to comply with requirements of the Board in regard to receiving her license.

The Secretary was instructed to make an investigation of a report that there were some serious post-operative infections following extractions showing up in the Pembroke area of Robeson County.

There being no further business, the meeting was adjourned.

I am enclosing a financial statement of the North Carolina State Board of Dental Examiners as of January 1, 1962, to December 31, 1962, which was compiled by Certified Public Accountants.

Respectfully submitted,

J. H. Guion, D.D.S.
Secretary-Treasurer
North Carolina State Board of Dental Examiners

CONDENSED CASH RECEIPTS AND DISBURSEMENTS

Year Ending December 31, 1962

Cash on Hand and in Bank January 1, 1962		$ 9,276.91
Cash Receipts for Year:		
Dental Licenses Issued	$11,384.00	
Hygienist Licenses Issued	300.00	
Dental Examination Fees	2,190.00	
Hygienist Examination Fees	320.00	
Miscellaneous Income	187.00	
Total Cash Receipts		14,381.00
Total Cash to be Accounted for		$23,657.91
Cash Disbursements During Year:		
Salaries		
Secretary and Treasurer		
Dr. J. H. Guion	$ 1,500.00	
Assistant Secretary		
Ellen Garrison	1,189.58	$ 2,689.58
Per Diem & Travel Expense of State Board		2,422.48
Dues—American Association of Dental Examiners		75.00
Board Meetings & Examination Expense		1,382.28
Postage		287.60
Stationery, Printing and Office Supplies		1,169.20
Telephone		56.35
Auditing		150.00
Attorneys Fees and Expenses		1,969.41
Expenses to the Conference of Southern Dental Deans in New Orleans, La		152.96
Expenses to the Meeting of American Association of Dental Examiners Held in Chicago, Ill., and Miami, Fla		315.24
Total Cash Disbursements		10,670.10
Cash on Hand and in Bank December 31, 1962		$12,987.81

Action by House of Delegates: Received for information May 5, 1963.

House of Delegates 1963

ATTENDANCE RECORD

	MEETINGS			
	First May 5	Second May 6	Third May 7	Fourth May 8
SPEAKER OF THE HOUSE				
Ralph D. Coffey	•	•	•	•
OFFICERS				
Edgar D. Baker, President	•	•	•	•
S. Byron Towler, President-Elect	•	•	•	•
George S. Alexander, Vice President	•	•	•	•
Dennis S. Cook, Secretary-Treasurer	•	•	•	•
EXECUTIVE COMMITTEE				
Darden J. Eure, Chairman	•	•	•	•
Thomas G. Collins	•	•	•	•
Pearce Roberts, Jr.	•	•	•	
Norman F. Ross	•	•	•	•
ETHICS COMMITTEE				
Thomas M. Hunter, Chairman	•	•	•	•
A. C. Current, Jr.		•	•	•
W. K. Griffin		•	•	•
W. Stewart Peery	•	•	•	
Horace K. Thompson	•	•	•	•
FIRST DISTRICT				
Fenton S. Cunningham	•	•	•	•
William Davenport		•	•	•
M. M. Forbes	•	•	•	•
John W. Girard, Jr.	•	•	•	•
Frederick C. Shaw	•		•	•
SECOND DISTRICT				
Barry G. Miller	•	•	•	•
Robert A. George		•	•	
James E. Graham, Jr.		•	•	•
Freeman C. Slaughter	•	•	•	•
Horace P. Reeves, Jr.	•	•	•	•
Nelson D. Large	•			
Frank H. Daniel	•			

	MEETINGS			
	First May 5	Second May 6	Third May 7	Fourth May 8
THIRD DISTRICT				
C. B. Corey, Jr.	•	•	•	•
C. W. Poindexter	•	•	•	•
Maurice B. Richardson	•	•		•
Baxter B. Sapp, Jr.		•	•	
T. Edgar Sikes, Jr.	•	•	•	•
FOURTH DISTRICT				
Robert T. Byrd	•	•	•	•
Glenn F. Bitler	•	•	•	•
L. D. Herring	•	•	•	
William H. Oliver	•	•		•
Colin P. Osborne, Jr.				•
E. A. Pearson, Jr.	•			
Joseph M. Johnson		•	•	
Franklin D. Bell			•	
FIFTH DISTRICT				
M. W. Aldridge		•	•	
E. L. Eatman	•	•	•	•
Herbert W. Gooding	•	•	•	
W. T. Ralph	•	•	•	•
James M. Zealy	•	•	•	•
Robert H. Gilbert				•
R. B. Barden	•			
Z. L. Edwards				•
TOTAL PRESENT	34	37	37	33

Scientific Sessions

ESSAYS
TABLE CLINICS
PROJECTED CLINICS

ESSAYS

1. **Important Advances in Dental Research,** Sumter S. Arnim, D.D.S., Dental Branch, University of Texas, Houston, Texas.
2. **Geriatric Principles in Prosthodontic Practice,** Max A. Pleasure, D.D.S., Chief, Dental Service, Veterans Administration Hospital, Bronx, New York.
3. **Application of Geriatric Principles in Complete Denture Construction,** Max A. Pleasure, D.D.S., Chief, Dental Services, Veterans Administration Hospital, Bronx, New York.
4. **Foundations for the Future,** Roy L. Lindahl, D.D.S., University of North Carolina School of Dentistry, Chapel Hill, North Carolina.

TABLE CLINICS

1. **Space Maintainers,** Alice Patsy McGuire, D.D.S., Sylva and C. V. Winter, D.D.S., Charlotte.
2. **Color Slides and Case Presentation,** James H. Maddox, D.D.S., Enka.
3. **Surgical Correction of Prognathism,** John Lemler, D.D.S., Asheville.
4. **Class Five Gold Foil Restorations,** Kenneth M. Ray, D.D.S., Asheville.
5. **Crown and Bridge,** R. W. Holmes, D.D.S., and E. Kent Rogers, III, D.D.S., Asheville.
6. **The Reverse Pin-Faced Crown and Pontic,** Pearce Roberts, Jr., D.D.S., Asheville.
7. **Bleaching Non-Vital Teeth,** Robert H. Watson, D.D.S., Charlotte.
8. **Practical Ideas in Pedodontics,** D. Clyde Young, Jr., D.D.S., Salisbury.
9. **Pedodontia,** Frank H. Daniel, D.D.S., Winston-Salem.
10. **Cytology in Early Diagnosis of Oral Cancer,** Nelson D. Large, D.D.S., and Ralph H. Campbell, D.D.S., VA Hospital, Salisbury.
11. **Crown and Bridge Procedure,** Baxter B. Sapp, Jr., D.D.S., Durham.
12. **Interceptive Orthodontia,** James B. King, D.D.S. Pittsboro

13. **Endodontics in Primary Teeth,** L. K. Heath, D.D.S., Durham.
14. **Crown and Bridge for Children,** Benjamin R. Baker, D.D.S., Chapel Hill.
15. **Extra-Oral X-Ray,** J. M. Stubbs, D.D.S., Rockingham.
16. **Routine Endodontic Procedures,** Thomas H. Byrd, Jr., D.D.S., Raleigh.
17. **A Bite Opening Technique,** Lt. Col. Robert I. Cochran (DC), Ft. Bragg.
18. **Prosthesis Construction Following Radical Surgery,** L. D. Herring, D.D.S., Raleigh.
19. **Why X-Rays,** Darwin W. McCaffity, D.D.S., and J. Fred Sproul, D.D.S., Raleigh.
20. **Endodontia with Periradicular Currettage,** C. Burkhead Ledbetter, D.D.S., Raleigh.
21. **Full Mouth Rehabilitation,** Britton F. Beasley, D.D.S., Kinston.
22. **Preventive Periodontics,** Sidney V. Allen, D.D.S., Wilmington.
23. **Prosthodontics,** Capt. Gilbert Larson (DC), Camp Lejeune.
24. **Practical Treatment of Advanced Periodontal Problems,** M. W. Aldridge, D.D.S., Greenville.
25. **North Carolina Dental Assistants Association.**
26. **North Carolina Dental Hygienists Association.**

PROJECTED CLINICS

1. **Periodontia,** M. W. Aldridge, D.D.S., Loblolly Dental Study Club.
2. **Trifles in Helping with Office Efficiency,** Horace P. Reeves, Jr., D.D.S., Charlotte Dental Study Club.
3. **Pulp Therapy,** Donald E. Bland, D.D.S., Demeritt Dental Study Club.
4. **Aids to the General Practioner,** Richard M. Fields, D.D.S., PBP Dental Study Club.
5. **Full-mouth Rehabilitation,** Britton F. Beasley, D.D.S., Southeastern Dental Study Club.
6. **Conservative Endodontics,** Roger E. Sturdevant, D.D.S., Piedmont Study Club.
7. **Copper Bands Tray Impression Technique for Fixed Bridgework,** Fred N. Ogden, III, D.D.S., Western North Carolina Dental Study Club.
8. **Double Impression Technique for Full Dentures Using Alginate Impression Material,** Charles T. Barker, D.D.S., Periodontic Study Club.
9. **Practical Dentistry for the Cleft Palate Patient,** Matthew T. Wood, D.D.S., U. N. C. School of Dentistry.
10. **Anterior Fractures,** Frank H. Daniel, D.D.S., Ernest A. Branch Study Club.

General Sessions

Sunday, May 5, 1963
Monday, May 6, 1963
Wednesday, May 8, 1963

FIRST GENERAL SESSION

Sunday, May 5, 1963

Call to Order: The first general meeting of the 107th Annual Session of the North Carolina Dental Society was called to order by President E. D. Baker at 8:30 p.m., Sunday, May 5, 1963, in the Ballroom of The Carolina. Dr. George S. Alexander pronounced the invocation.

Choral Music: A program of choral music was presented by the University of North Carolina School of Dentistry Glee Club under the direction of Dr. Roger E. Sturdevant.

Memorial Service: A memorial service was conducted by Dr. J. Ernest Roberts, Chairman of the Necrology Committee, in memory of the following members who had died since the 1962 Annual Session: Stuart Ashby Barksdale, William Clyde Current, Maurice Oren Fox, Jacob Young Hinson, David Wallace Holcomb, Richard Fred Hunt, Floyd G. Johnson, Charles Godwin Powell, Hubert A. Todd, Wallace William Umphlett and Carlyle Deveny Wheeler.

Introduction of Guests: Out-of-state visitors and distinguished guests were introduced and welcomed by Dr. A. Dwight Price, Chairman of the Hospitality Committee.

President Baker presented the following representatives of allied organizations: Mrs. Janie Brown, President, North Carolina Dental Assistants Association; Mrs. Virginia Carpenter, Fifth District Trustee and Mrs. Ruth Martinson, President, American Dental Assistants Association; Mrs. Edwin R. Scott, Jr., President, North Carolina Dental Hygienists Association; Mrs. Lewis W. Lee, President, North Carolina Dental Auxiliary; and Dr. Riley E. Spoon, Jr., President, Dental Foundation of North Carolina, Incorporated.

Presentation of Check to Relief Fund: Mrs. Roy A. Miller, Jr., Chairman, Scrap Amalgam Committee, North Carolina Dental Auxiliary presented a check for $1,987.50 payable to the Relief Fund of the North Carolina Dental Society to Dr. J. T. Lasley, Chairman, Relief Committee. The check represented the proceeds from the 1962-1963 Scrap Amalgam Drive sponsored by the Auxiliary.

Dr. Lasley thanked the Auxiliary for its fine achievement in behalf of the Relief Fund. He noted that over a ten-year period the Auxiliary had raised $17,843.66 for the Relief Fund through its annual Scrap Amalgam Drive. He also expressed thanks to the dental supply houses for their assistance in the drive.

President's Address: Vice President George S. Alexander assumed the Chair and President Baker presented the President's annual report.

Vice President Alexander appointed the following Committee on the President's Address: Dr. Norman F. Ross, Chairman; Dr. S. Byron Towler and Dr. Luther H. Butler.

Address by ADA President: Dr. Clyde E. Minges introduced Dr. Gerald D. Timmons, President, American Dental Association and Dr. Timmons was given a standing ovation. In his address, Dr. Timmons presented his analysis of the Survey of Dentistry and the recommendations contained in the Survey. He pleaded for more support for expanded dental health education programs and for increased facilities in dental schools. He complimented North Carolina for having established a dental school on the University campus and for its efforts in behalf of a dental research center on the campus.

Report of Dental Foundation: Dr. John C. Brauer, Dean, School of Dentistry of the University of North Carolina and Secretary-Treasurer, Dental Foundation of North Carolina, Incorporated, reviewed the progress of the fund campaign for the Dental Research Center at Chapel Hill during the past year. He said the Dental Research Center would be completed in 1965.

Announcements: Executive Secretary Andrew M. Cunningham announced that registration for the 107th Annual Session totalled 674 as of 5:00 p.m., including 335 members. He noted that registration at the same time last year had totalled 504, including 214 members.

Adjournment: The First General Meeting was adjourned at 10:00 p.m.

SECOND GENERAL SESSION

Monday, May 6, 1963

Call to Order: The Second General Meeting of the 107th Annual Session of the North Carolina Dental Society was called to order by President E. D. Baker at 8:30 p.m., Monday, May 7, 1963, in the Ballroom of The Carolina, Pinehurst, North Carolina. Secretary-Treasurer Dennis S. Cook pronounced the invocation.

Sports Awards: Dr. R. Bruce Warlick, Chairman, Sports Committee, announced the winners in the various sports events and presented awards to the following:

Skeet Shoot: Robert C. Miller, Colonel C. W. Sauser and Yates H. Eaker.

Bowling: Ralph E. Kilpatrick.

Fishing: Charles W. Horton, Marvin R. Evans, Dwight L. Clark.

Golf: J. F. Jordan, D. Clyde Young, Jr., low gross; J. C. Farthing, Bill J. Christian, C. B. Corey, Jr., J. E. Graham, Jr., J. W. Atwater, C. R. VanderVoort, Glenn F. Bitler, H. P. Reeves, Jr., D. M. Getsinger, H. L. Keith, Ronald W. Whitson, John S. Dilday, Howard Bowling, L. W. Woody, R. G. Mauney, A. L. Poovey, Kenneth H. Meadows, John R. Fritz, F. D. Bell, and T. E. Perry, low net; T. L. Dixon, high gross; W. M. Heeden, Jr., high net; and W. W. Ellis, low putt.

Announcements: Executive Secretary Andrew M. Cunningham announced that registration for the 107th Annual Session totalled 1,386 as of 5:00 p.m. this date, including 645 members. He noted that this represented over 50 per cent of the membership and that it exceeded last year's registration by 48.

Report of Legal Counsel: Colonel W. T. Joyner, legal counsel, reported on the status of the complaint of Dr. R. A. Hawkins against the Society which is now pending in the Federal Court.

Election of Officers: President Baker appointed the following to serve as tellers: Drs. Robert H. Gainey, Worth M. Byrd and W. E. Neal.

Officers for 1963-64 were elected by acclamation as follows:

President-Elect—Darden J. Eure, Morehead City
Vice President—Barry G. Miller, Charlotte
Secretary-Treasurer—Dennis S. Cook, Lenoir

Delegates to the American Dental Association were elected by acclamation as follows:

Paul E. Jones (1966), Farmville
Z. L. Edwards (1966), Washington

Selection of Site for 1965: By acclamation, Pinehurst was selected as the site for the 1965 Annual Session.

Straw Vote on ADA Dues Increase: Dr. Dan Wright moved that a "straw vote" be taken on the proposed increase in ADA dues. Dr. Horace K. Thompson seconded the motion and it was carried.

A motion that the Society favor the proposed increase in ADA dues was made and seconded. It was defeated.

Adjournment: The Second General Meeting was adjourned at 10:15 p.m.

THIRD GENERAL SESSION

Wednesday, May 8, 1963

Call to Order: The Third General Meeting of the 107th Annual Session of the North Carolina Dental Society was called to order by President E. D. Baker at 11:30 a.m. Wednesday, May 8, 1963, in the Ballroom of The Carolina, Pinehurst, North Carolina. Dr. Darden J. Eure pronounced the invocation.

Report of Clinic Board of Censors: Dr. F. A. Buchanan, Chairman, Clinic Board of Censors, reported that the following table clinics would be recommended for presentation at the 104th Annual Session of the American Dental Association, Atlantic City, October 14-17, 1963; Class Five Gold Restorations, Dr. Kenneth M. Ray, Asheville; The Reverse Pin-Faced Crown and Pontic, Dr. Pearce Roberts, Jr., Asheville; Bleaching Non-Vital Teeth, Dr. Robert H. Watson, Charlotte; Cytology in Early Diagnosis of Oral Cancer, Drs. Nelson D. Large and Ralph H. Campbell, VA Hospital, Salisbury; Prosthesis Construction Following Radical Surgery, Dr. L. D. Herring, Raleigh.

Alternate table clinics were designated as follows: Crown and Bridge Procedure, Dr. Baxter B. Sapp, Jr., Durham; Practical Treatment of Advanced Periodontal Problems, Dr. M. W. Aldridge, Greenville.

Remarks by the President: President Baker expressed his thanks to the officers and members for their support during his administration.

Installation of Officers: President Baker installed Dr. S. Byron Towler as President 1963-64.

Dr. Towler installed the following newly elected officers and delegates:

President-Elect: Darden J. Eure

Vice President: Barry G. Miller

Secretary-Treasurer: Dennis S. Cook

Delegates to American Dental Association (1966): Paul E. Jones and Z. L. Edwards, Sr.

Presidential Appointments: Dr. Towler announced the following appointments:

Chairman, Executive Committee: Dr. T. G. Collins, Raleigh

Member, Executive Committee (1966): Dr. C. W. Poindexter, Greensboro

Speaker of the House: Dr. Ralph D. Coffey, Morganton

Announcements: Executive Secretary Andrew M. Cunningham announced that registration for the 107th Annual Session had totalled 1,758, including 749 members, representing 61 per cent of the membership. The total registration set a new record and exceeded last year's total of 1,644 by 114.

Adjournment: The 107th Annual Session of the North Carolina Dental Society was adjourned sine die at 12 noon.

Registration

107TH ANNUAL SESSION
PINEHURST, NORTH CAROLINA
MAY 5-8, 1963

NCDS Members				
First District	109	(47%)		
Second District	193	(62%)		
Third District	194	(68%)		
Fourth District	149	(75%)		
Fifth District	104	(58%)	749	(61%)
Visiting Dentists			89	
Dental Students			144	
Dental Assistants			121	
Dental Hygienists			41	
Dental Auxiliary			228	
Exhibitors			156	
Guests			230	
Total Registration			1,758	



NORTH CAROLINA DENTAL SOCIETY OFFICERS 1963-1964: Left to right—Borry G. Miller, Charlotte, Vice President; Darden J. Eure, Morehead City, President-Elect; S. Byron Towler, Raleigh, President; Dennis S. Cook, Lenoir, Secretary-Treasurer.

Directory

1963-1964

North Carolina Dental Society Officers and Committees 1963-1964
List of Past Presidents
N. C. Dental Assistants' Association Officers 1963-1964
N. C. Dental Auxiliary Officers 1963-1964
N. C. Dental Hygienists' Association Officers 1963-1964

NORTH CAROLINA DENTAL SOCIETY
1963-1964

OFFICERS

President: S. Byron Towler, 801 Professional Building.....Raleigh
President-Elect: Darden J. Eure, 707 Bridgers Street.....Morehead City
Vice President: Barry G. Miller, 1529 Elizabeth Avenue.....Charlotte
Secretary-Treasurer: Dennis S. Cook, 210 Norwood Street.....Lenoir
Editor-Publisher: Clinton C. Diercks, Box 270.....Morganton
Speaker of the House: Ralph D. Coffey, Box 270.....Morganton
Executive Secretary: Andrew M. Cunningham, P. O. Box 11065....Raleigh

EXECUTIVE COMMITTEE

Chairman: Thomas G. Collins (1965), 403 Ligon Building, 800 St. Mary's Street.....Raleigh
Pearce Roberts, Jr. (1964), 410 Doctors Building.....Asheville
C. W. Poindexter (1966), 1812 Independence Road.....Greensboro
E. D. Baker (1964), 402 Ligon Building, 800 St. Mary's Street.....Raleigh

DELEGATES TO THE AMERICAN DENTAL ASSOCIATION

Frank O. Alford (1964)
Ralph D. Coffey (1965)
Z. L. Edwards, Sr. (1966)
Paul E. Jones (1966)
Erbie M. Medlin (1964)
C. C. Poindexter (1965)

ALTERNATE DELEGATES TO THE AMERICAN DENTAL ASSOCIATION

Thomas G. Collins
Dennis S. Cook
Clinton C. Diercks
Darden J. Eure
Barry G. Miller
S. Byron Towler

STANDING COMMITTEES

Clinic: James A. Harrell, Chairman; W. W. Ellis, Robert W. Holmes, W. Penn Marshall, T. B. Reid, Jr.

Constitution and Bylaws: Z. L. Edwards (1966) Chairman; G. Shuford Abernethy (1968); D. T. Carr (1964); T. G. Nisbet (1965); Walter H. Finch, Jr. (1967).

Dental Health and Information: W. L. Hand, Jr. (1966), Chairman; E. A. Pearson, Jr. (1968); L. B. Peeler (1964); William D. Yelton (1965); Frank G. Atwater (1967).

Ethics: Thomas M. Hunter (1967), Chairman; A. C. Current, Jr. (1964); W. Stewart Peery (1965); Norman F. Ross (1968); Horace K. Thompson (1966).

Exhibit: W. Penn Marshall, Chairman; Gerald M. Cathey, Co-Chairman; Donald E. Bland, John W. Girard, Jr., W. F. Yelton.

Insurance: John S. Dilday, Chairman (1966); T. L. Blair (1964); C. Don Gerdes (1965); Charles T. Barker (1967); J. S. D. Nelson (1968).

Legislative: H. Royster Chamblee, Chairman (1965); S. W. Shaffer, Secretary (1964); Paul E. Jones (1966); Dennis S. Cook (1967); L. C. Holshouser (1968).

Library and History: Neal Sheffield (1968) Chairman; Frank O. Alford (1964); S. H. Steelman (1965); M. M. Lilley (1966); H. Royster Chamblee (1967).

Membership: Darden J. Eure, Chairman; J. W. Girard, Jr., H. P. Reeves Jr., T. E. Sikes, Jr., William H. Oliver, James H. Lee.

Military and Veterans' Affairs: J. H. Spillman (1967) Chairman; Coyte R. Minges (1964); Guy R. Willis (1965); H. E. Plaster (1966); T. Edwin Perry (1968).

Necrology: Robert A. George (1968) Chairman; J. Ernest Roberts (1966); Dewey Boseman (1964); Marcus R. Smith (1965); W. T. Pennell (1967).

Program: L. D. Herring, Chairman; Freeman C. Slaughter, Charles H. Teague, M. M. Forbes, M. W. Aldridge, Luther H. Butler.

Prosthetic Dental Service: C. P. Osborne, Jr. (1968), Chairman; C. Z. Candler, Jr. (1964); C. D. Eatman (1965); Thomas L. Dixon (1966); James A. Harrell (1967).

Publicity: T. E. Sikes, Jr. (1964) Chairman; Walter H. Davis (1965); W. Stewart Peery (1966); J. Henry Ligon, Jr. (1967); Charles T. Barker (1968).

Relief: J. T. Lasley (1968) Chairman; J. W. Heinz (1964); S. L. Bobbitt (1965); W. E. Clark (1966); J. M. Kilpatrick (1967).

State Institutions: K. L. Johnson (1968) Chairman; M. L. Cherry (1965); D. A. Jackson (1964); S. H. Isenhower (1966); Donald L. Hinson (1967).

SPECIAL COMMITTEES

Arrangements: D. W. Seifert, Jr., Chairman; Marvin E. Walker, W. Stewart Peery, C. A. Pless, Jr., R. A. Daniel, Jr.

Annual Session: L. D. Herring (Program) Chairman; D. W. Seifert, Jr. (Arrangements); James A. Harrell (Clinic); B. B. Sapp, Jr. (Entertainment); W. Penn Marshall, Jr. (Exhibits); Richard F. Hunt, Jr. (Hospitality); Worth M. Byrd (Monitor); Robert A. George (Necrology); Fred N. Ogden, II (Projected Clinics); T. E. Sikes, Jr. (Publicity); R. Bruce Warlick (Sports); Gerald M. Cathey (Scientific Exhibits); John T. Hughes (Visual Education).

Blue Shield-Blue Cross: F. D. Bell (1964), Chairman; Grover W. Smith (1966); Vaiden B. Kendrick (1965).

Cancer Committee: Robert H. Sager, Chairman; John H. Dixon, Z. L. Edwards, Jr., Richard S. Hunter, Allen T. Lockwood.

Children's Dental Health: James A. Crawford, Chairman; Lewis W. Lee, D. Clyde Young, Jr., Robert M. Kriegsman, William A. Mynatt.

Dental Care for the Aged: H. O. Lineberger, Jr., Chairman; C. Z. Candler, Jr., W. W. Demeritt, Riley E. Spoon, Jr., Coyte R. Minges.

Dental Service Corporation: Roy L. Lindahl, Chairman; S. H. Isenhower, Paul Fitzgerald, Jr., Wesley E. Kelley, J. S. D. Nelson, Pearce Roberts, Jr., Dan Wright, James M. Zealy.

Entertainment: B. B. Sapp, Jr., Chairman; L. B. Barber, Jr., Henry C. Parker, R. R. Morrison, W. K. Griffin, W. H. Gray, Jr.

Hospitality: Richard F. Hunt, Jr., Chairman; Marcus R. Smith, Horace P. Reeves, Jr., C. Robert VanderVoort, Colin P. Osborne, Jr., W. Howard Branch.

Monitor: Worth M. Byrd, Chairman; Franklin G. Harris, Co-Chairman; David H. Freshwater, William E. Kidd, G. Curtis Wilson, James A. Leggette, Jr., Lewis W. Lee, James F. Hulin, Walter T. McFall, Jr., James H. Lehmann, Frank H. Daniel, Robert H. Gainey, J. Malcolm McAllister, William C. Keith, William G. Ware, Jr., Donald E. Bland, Edward N. Pridgen, Neal Sheffield, Jr., Junius H. Rose, Jr., Robert A. Yates.

School Health Co-ordinating Service: Thomas B. Reid, Jr., Chairman; George S. Alexander, C. Z. Candler, Jr., T. Edgar Sikes, Jr., Thomas G. Collins.

Sports: R. Bruce Warlick, Chairman; Marvin R. Evans, Thomas H. Byrd, Jr.

Study Club: James H. Lee, Chairman; Fred N. Ogden, II, Vice Chairman; William H. Price, J. S. Moore, Henry S. Zaytoun, James L. Cox.

University of North Carolina: C. C. Poindexter, Chairman; D. T. Carr, S. L. Bobbitt, Wade H. Breeland, S. P. Gay, W. T. Ralph, Paul E. Jones, C. W. Sanders, W. T. Martin, Clyde E. Minges, Broadus E. Jones, Jr., George S. Alexander.

Visual Education: John T. Hughes, Chairman; Sanford W. Thompson, III, C. E. Crandell.

Special Advisors to:

N. C. Dental Assistants Association: Paul Fitzgerald, Jr.

N. C. Dental Hygienists Association: G. Curtis Wilson

PRESIDENTS OF THE NORTH CAROLINA DENTAL SOCIETY SINCE ITS ORGANIZATION

1856	*W. F. Bason
1857	*E. H. Andrews
1858	*B. F. Arrington
1866	*B. F. Arrington
1875-76	*B. F. Arrington
1876-77	*V. E. Turner
1877-78	*J. W. Hunter
1878-79	*E. L. Hunter
1879-80	*D. E. Everitt
1880-81	*Isaiah Simpson
1881-82	*M. A. Bland
1882-83	*J. R. Griffith
1883-84	*W. H. Hoffman
1884-85	*J. H. Durham
1885-86	*J. E. Matthews
1886-87	*B. H. Douglas
1887-88	*T. M. Hunter
1888-89	*V. E. Turner
1889-90	*S. P. Hilliard
1890-91	*H. C. Herring
1891-92	*C. L. Alexander
1892-93	*F. S. Harris
1893-94	*C. A. Rominger
1894-95	*H. D. Harper
1895-96	*R. H. Jones
1896-97	*J. E. Wyche
1897-98	*H. V. Horton
1898-99	*C. W. Banner
1899-1900	*A. C. Liverman
1900-01	*E. J. Tucker
1901-02	*J. S. Spurgeon
1902-03	*J. H. Benton
1903-04	*J. M. Fleming
1904-05	*W. B. Ramsey
1905-06	*J. S. Betts
1906-07	*J. R. Osborne
1907-08	*D. L. James
1908-09	*F. L. Hunt
1909-10	*J. C. Watkins
1910-11	*A. H. Fleming
1911-12	*P. E. Horton
1912-13	*R. G. Sherrill
1913-14	*C. F. Smithson
1914-15	*J. A. Sinclair
1915-16	*I. H. Davis
1916-17	*R. O. Apple
1917-18	*R. M. Squires
1818-19	*J. N. Johnson
1919-20	W. T. Martin
1920-21	*J. H. Judd
1921-22	*W. M. Robey
1922-23	*S. R. Horton
1923-24	*R. M. Morrow
1924-25	*J. A. McClung
1925-26	*H. O. Lineberger
1926-27	B. F. Hall
1927-28	*E. B. Howle
1928-29	I. R. Self
1929-30	*J. H. Wheeler
1930-31	Paul E. Jones
1931-32	*Dennis Keel
1932-33	Wilbert Jackson
1933-34	*Ernest A. Branch
1934-35	*L. M. Edwards
1935-36	Z. L. Edwards
1936-37	*D. L. Pridgen
1937-38	J. F. Reece
1938-39	G. Fred Hale
1939-40	F. O. Alford
1940-41	*C. M. Parks
1941-42	C. C. Poindexter
1942-43	*Paul Fitzgerald
1943-44	Clyde E. Minges
1944-45	O. C. Barker
1946-47	E. M. Medlin
1947-48	R. M. Olive
1948-49	C. W. Sanders
1949-50	Walter T. McFall
1950-51	A. S. Bumgardner
1951-52	*R. Fred Hunt
1952-53	*A. C. Current
1953-54	Neal Sheffield
1954-55	*B. N. Walker
1955-56	*J. W. Branham
1956-57	H. K. Thompson
1957-58	R. D. Coffey
1958-59	S. E. Moser
1959-60	*W. B. Sherrod
1960-61	L. H. Butler
1961-62	N. F. Ross
1962-63	E. D. Baker
1963-64	S. Byron Towler

* Deceased.

OFFICERS—ALLIED ORGANIZATIONS

NORTH CAROLINA DENTAL ASSISTANTS ASSOCIATION
OFFICERS 1963-1964

President: Miss Rebacca Ritchie, P. O. Box 348.....Statesville
Vice President: Miss Norma Livengood, Route #2.....Mount Airy
Vice President: Mrs. Reandy Clement, 800 St. Mary's St.....Raleigh
Secretary: Mrs. Jackie Patillo, P. O. Box 1245.....Burlington
Assistant Secretary: Mrs. Shelby Brown, 800 A St. Mary's Street....Raleigh
Treasurer: Mrs. Carey E. Sherrill, Route #1.....Stanley

NORTH CAROLINA DENTAL AUXILIARY
OFFICERS 1963-1964

President: Mrs. D. Clyde Young, Jr., 1101 Roundknob Ave.....Salisbury
President-Elect: Mrs. C. W. Poindexter,
1812 Independence Rd.....Greensboro
Vice President: Mrs. Marvin E. Walker, 4020 Dover Rd.....Durham
Recording Secretary: Mrs. L. C. Holshouser.....Rockwell
Corresponding Secretary: Mrs. John Zimmerman, Jr., Box 415....Salisbury
Treasurer: Mrs. Roy L. Earp, 5905 Deblyn Ave.....Raleigh
Historian: Mrs. W. W. Rankin, Raleigh Apartments.....Raleigh
Parliamentarian: Mrs. S. Byron Towler, 811 Harvey St.....Raleigh

NORTH CAROLINA DENTAL HYGIENISTS ASSOCIATION
OFFICERS 1963-1964

President: Miss Fay Jenny, 3234 Windsor Drive.....Charlotte
Vice President: Miss Jean Stines, W-4 Beverly Apts.....Asheville
Secretary: Mrs. Carolyn C. Williams, School of Dentistry,
University of North Carolina.....Chapel Hill
Treasurer: Miss Judy Harward, 1407 Queen Street.....Kinston



North Carolina's 300th Anniversary